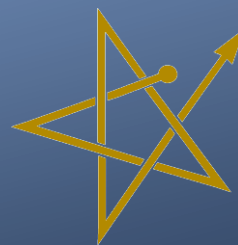


NPRST



Navy Personnel Research, Studies, and Technology
5720 Integrity Drive • Millington, Tennessee 38055-1000 • www.nprst.navy.mil

research at work

NPRST-AB-13-2

May 2013

Results of the 2010 Pregnancy and Parenthood Survey

Zannette A. Uriell
Navy Personnel Research, Studies, and Technology

D. Gregory McElyea
University of Memphis



Approved for public release; distribution is unlimited.

NPRST-AB-13-2
May 2013

Results of the 2010 Pregnancy and Parenthood Survey

Zannette A. Uriell
Navy Personnel Research, Studies, and Technology

D. Gregory McElyea
University of Memphis

Reviewed by
Paul Rosenfeld, Ph.D.
Director, Institute for Organizational Assessment

Approved and released by
David Cashbaugh
Director, Navy Personnel Research, Studies, and Technology

Approved for public release; distribution is unlimited.

Navy Personnel Research, Studies, and Technology
Navy Personnel Command
5720 Integrity Drive
Millington, TN 38055-1400
www.nprst.navy.mil

REPORT DOCUMENTATION PAGE			<i>Form Approved</i> OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.				
1. REPORT DATE (DD-MM-YYYY) 1-05-2013		2. REPORT TYPE Annotated Brief		3. DATES COVERED (From - To) April 2010 - July 2011
4. TITLE AND SUBTITLE Results of the 2010 Pregnancy and Parenthood Survey		5a. CONTRACT NUMBER		
		5b. GRANT NUMBER		
		5c. PROGRAM ELEMENT NUMBER		
6. AUTHOR(S) Zannette A. Uriell, D. Gregory McElyea		5d. PROJECT NUMBER		
		5e. TASK NUMBER		
		5f. WORK UNIT NUMBER		
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Navy Personnel Research, Studies, and Technology 5720 Integrity Drive Millington, TN 38055-1000		8. PERFORMING ORGANIZATION REPORT NUMBER NPRST-AB-13- 2		
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)		10. SPONSOR/MONITOR'S ACRONYM(S)		
		11. SPONSOR/MONITOR'S REPORT NUMBER(S)		
12. DISTRIBUTION / AVAILABILITY STATEMENT				
13. SUPPLEMENTARY NOTES				
14. ABSTRACT <p>Data about pregnancy, single parenthood, and attitudes towards birth control have generally been difficult to gain from existing databases alone. Since 1988, a survey has been conducted to obtain this data, and this annotated brief presents results for the most recent administration, conducted in 2010. Results are generally similar to the 2008 results; there are about 12,000 single Navy fathers and 6,000 single Navy mothers, Family Care Plan compliance is less than 100% but most do have some plan in place, most Sailors are using birth control, few women have orders to their next duty station when they become pregnant, and point-in-time pregnancy rates are similar to previous results. In addition, trends over 10 or more years show that rates of single parenthood have been reasonably consistent since 1999, family planning attitudes have been somewhat stable since 2001, most groups except enlisted men use birth control at similar rates to previous years, pregnancy rates have been consistent since 1992, rates of pregnancy planning are similar, and a larger percentage of enlisted women are transferred to shore duty than before.</p>				
15. SUBJECT TERMS <p>pregnancy, single parent, Navy parent, birth control, family care, operational deferrment</p>				
16. SECURITY CLASSIFICATION OF: UNCLASSIFIED			17. LIMITATION OF ABSTRACT UNLIMITED	18. NUMBER OF PAGES 180
a. REPORT UNCLASSIFIED	b. ABSTRACT UNCLASSIFIED	c. THIS PAGE UNCLASSIFIED		

Foreword

SECNAVINST 1000.10 requires the collection of objective data for evaluation of pregnancy policies, however this data may not exist, be easily accessible, or be complete and accurate. Therefore, the 2010 Navy Pregnancy and Parenthood Survey was conducted to gather this information as well as provide information on topics of interest to the sponsor, the Office of Women's Policy within the Navy Office of Diversity and Inclusion (N-134), for policy formulation.

The Navy women and men who took the time to complete the survey made this project possible, and the authors thank them for their honest responses. The authors also gratefully acknowledge the support of the sponsor points of contact, LCDR Jean Marie Sullivan and Ms Stephanie Miller of N-134. In addition, the authors thank Ms Evangeline Clewis and the Survey Operations Center for their work in administering the survey.

DAVID CASHBAUGH
Director
Navy Personnel Research, Studies, and Technology

Table of Contents

Introduction.....	1
Overview	2
Background	3
Method	5
Survey Results	7
Parenthood Results	9
Attitudes towards Family Planning and Birth Control.....	29
Education and Training Results	57
Pregnancy Results	71
Overall Summary	107
Trend Summary	110
Recommendations	113
References	116
Appendix A: Results of the 2010 Navy Pregnancy and Parenthood Survey Executive Briefing.....	A-0
Appendix B: Survey Instrument	B-0
Appendix C: Analysis of Open-ended Comments	C-0
Appendix D: Survey Notification and Reminder Letters	D-0



Women currently comprise 16% of the Navy active duty force and 23% of the FY12 recruiting goal (Navy Personnel Command, 2011). There continues to be a need to evaluate pregnancy and parenthood policies, as originally recommended by a working group convened in 1987 by SECNAV to evaluate the progress of women in the Navy (SECNAV, 1987). The Navy Pregnancy and Parenthood Survey is one of the primary tools used to assess pregnancy and parenthood and related attitudes within the Navy.

A version of the survey has been administered about every 2 years since the SECNAV working group initially met in 1987; see Thomas and Edwards (1989), Thomas and Uriell (1998), Thomas and Mottern (2002), Uriell (2004), Uriell and White (2005), Uriell and Burrell (2007), and Uriell and Burrell (2009) for results of previous administrations. The Navy Pregnancy and Parenthood Survey is the oldest survey currently administered in the Navy.

This annotated brief is the initial detailed brief given to the direct sponsors of the survey. A shorter, executive-level version of the brief is available in appendix A.

Overview

NPRST



- Background
- Method
- Survey Results
 - Key Findings
 - Parenthood
 - Attitudes towards Family Planning and Birth Control
 - Education and Training
 - Pregnancy
- Overall Summary
- Trend Summary
- Recommendations

2

The survey results section follows the order of the survey questions, available in appendix B. At the end of the survey was an open-ended question, “Do you have any additional comments about the topics covered in this survey?” This question was analyzed separately from this brief, and results are included in appendix C.

In addition to the summary of the current survey, this annotated brief also includes a summary of key trends for questions that have been asked for at least 5 survey administrations.

Background

- Key metrics, such as rates of parenthood and pregnancy, are needed by Navy leaders to make good policy decisions
- Current databases may not accurately reflect or make readily available key statistics such as single parenthood, family planning attitudes, birth control practices, and pregnancy rates
 - Best source of this information has been the Navy Pregnancy and Parenthood Surveys, conducted since 1988 and sponsored by the Office of Women's Policy (N134W)
 - » Funding provided in 2010 by N14 at CNP's direction
- Survey satisfies requirements of SECNAVINST 1000.10 to collect objective data for use in evaluation of Department of Navy (DoN) pregnancy policies

3

Knowing parenthood and pregnancy rates and attitudes is important for sound policy decisions about military families. These data may not be accurately included in existing databases, may not be readily available, or may simply not be collected, as is the case for family planning attitudes and birth control practices and knowledge. This survey satisfies the requirements to collect objective data indicated in SECNAVINST 1000.10 (SECNAV, 1995).

Changes from 2008

NPRST




- Return to sample of active component women E2-E9 and O1-O5
 - All Navy women surveyed in 2008 as validity check to support use of random samples
- Survey updated to include questions about sabbaticals, transfer of operational deferment, and maternity outer garment
- Administration moved from January to Fall (similar to 2005)

4

In 2008, all Navy women E2-E9 and O1-O5 were surveyed as a validity check on the typical methodology of surveying random samples. As results varied little, the decision was made to return to surveying random samples in 2010.

Questions were also changed, as has occurred in every version, to ensure that the survey reflects changes in policies and topics of interest to the Navy. This year, the sabbatical question was modified, and questions were added to address the possibility of transferring the operational deferment to the father and to address maternity outer garments—the latter at the request of the Navy Uniform Matters Office (N131).

In 2008, the administration of the survey began in January. In 2010, the survey administration returned to the fall time period.



Method

- Notification letter, including web address of survey and user ID, sent in September 2010; 3 reminder letters sent before field closed in late November 2010
- Permanent Random Number (PRN) used to sample in order to minimize overlap with other large-scale, Navy-wide surveys

	Women	Men
Sent	14,365	9,878
Accessed	3,401	1,897
Useable	3,347	1,847
Return-to-Sender	1,408	1,108
Weighted Response Rate	27%	24%

Note: Response rates similar to typical Navy-wide web-based survey response rates.

Overall Margins of Error		
	Women	Men
Enlisted	+/- 2.4%	+/- 4.0%
Officer	+/- 2.6%	+/- 3.8%

5

There continues to be no effective way to directly contact personnel electronically, so again letters were sent to each individual selected using their command mailing address. A total of 4 letters were sent beginning in September 2010, with reminders being sent only to those who had not yet completed the survey (see appendix D for the text of the letters).

The sample was selected using the Permanent Random Number (Creel, Jang, Kasprzyk, & Williams, 2002; Ohlsson, 1995; Srinath & Carpenter, 1995) to minimize overlap with other large-scale surveys administered that year by NPRST. The number within each strata was determined using the Sample Planning Tool (Kavee & Mason, 2001).

Almost 25,000 Sailors received invitations to participate. Although there are substantially more men in the Navy than women, more invitations were sent to women in hopes of having large enough numbers of women reply to the questions about pregnancy.

Over 5,000 provided useable responses, for weighted response rates of 27% and 24%, and margins of error of +/-4% or less for the questions asked of everyone.

Method (continued)

- Responses statistically weighted to be representative of the Navy population
- Where possible, comparisons to previous years are included
 - Percentages and margins of error were compared between 2008 and 2010 results
 - Non-overlapping margins of error are noted and can be considered significant



Responses were statistically weighted by paygrade and gender to be representative of the Navy.

Because this administration is the latest in a series of surveys, comparisons to previous administrations are included wherever possible. Only 2008 and 2010 results are compared for significant difference; non-overlapping margins of error are noted as significant.



As indicated previously, the results follow the general pattern of the survey, with questions asked of both men and women at the beginning and the questions about pregnancy and maternity uniforms asked of women at the end. Both men and women received the same questions, except for slight variations in gender-specific wording as needed (e.g., “father a child” for men would be “become pregnant” for women) and the addition of the pregnancy section for women.

Key Findings

- Results generally are similar to previous findings
- As in 2008, there are about 6,000 single Navy mothers and 12,000 single Navy fathers
- About half of enlisted women indicate that their sea/shore rotation is good for family planning
- The most common methods of birth control continue to be the pill and the male condom
- Few women have orders to their next duty station when they become pregnant
 - Those aboard deployable units are most likely to be not deployed, in workups, or have just returned from deployment



8

The 5 findings that were determined to be key from the 2010 administration are indicated on this slide. The first is that findings are relatively stable as compared to 2008, and often stable throughout all administrations.

While some people might anecdotally indicate that single parenthood is a woman's problem, the survey results show that there are actually more single fathers than single mothers in the Navy, by a 2-to-1 margin.

Sea/shore rotation changes periodically in the Navy (see, for example, Chief of Naval Operations, 2011). Ships are not underway all the time; however, they may be scheduled for underway periods which might impact mother-child bonding and therefore deter women from becoming pregnant while assigned to sea duty. About half of enlisted women indicate that their sea/shore rotation is good for family planning.

Birth control is used by the majority of Sailors, and the most common methods continue to be the pill and the male condom.

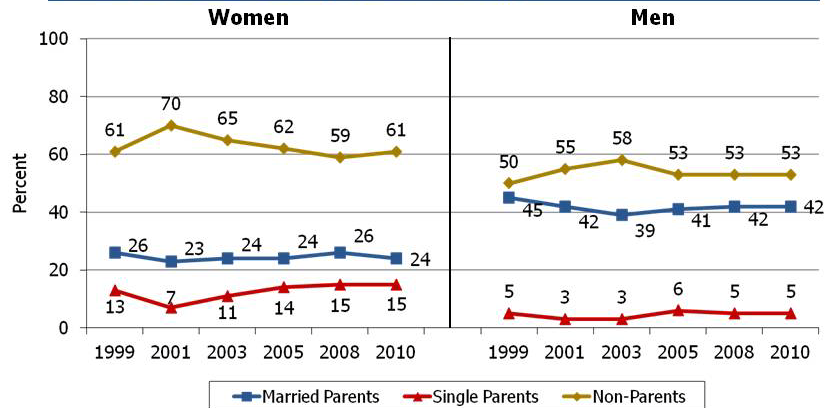
Few women indicated that they had orders to their next duty station when they became pregnant, and those assigned to deployable units when they became pregnant were most likely to be not deployed, in workups, or to have just returned from their deployment.



The first section of the survey dealt with parenthood in general and single parenthood in particular.

General Parenthood Results

Rates of single parenthood are similar to 2008, with estimated numbers of approximately 6,406 single mothers and 12,399 single fathers based upon Navy population numbers at the time of survey administration. While there are more single fathers than mothers, women have a higher rate of single parenthood than men.



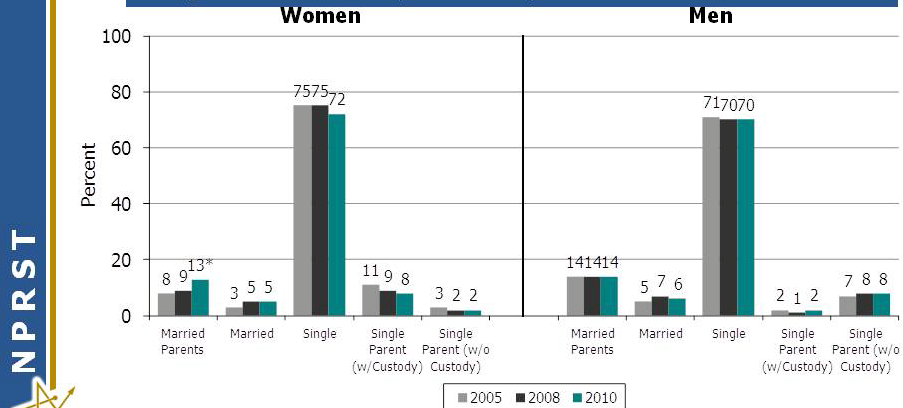
Note: In 2010, percentages equate to about 6,406 female single parents and 12,399 male single parents.

10

General results show stability over the last few years in rates of married parents, single parents, and non-parents. Sixty-one percent of women are not parents, compared to about 53% of men. Men are more likely than women to be married parents (42% compared to 24%) while women are more likely to be single parents than men (15% compared to 5%). Due to the composition of the Navy, these rates can be somewhat misleading; although there is a higher percentage of women who are single parents, there are many more men in the Navy such that there are about 12,000 single fathers and 6,000 single mothers.

Family Status When Entering the Navy: *Enlisted*

As before, most enlisted who have ever been a parent while in the Navy are single when they join. Those women who are single parents when they join are more likely to have custody than single parent fathers. Of those who were single parents without custody, 16% of men and 22% of women regained custody within 6 months of entering the Navy, although results should be interpreted cautiously because of low numbers.



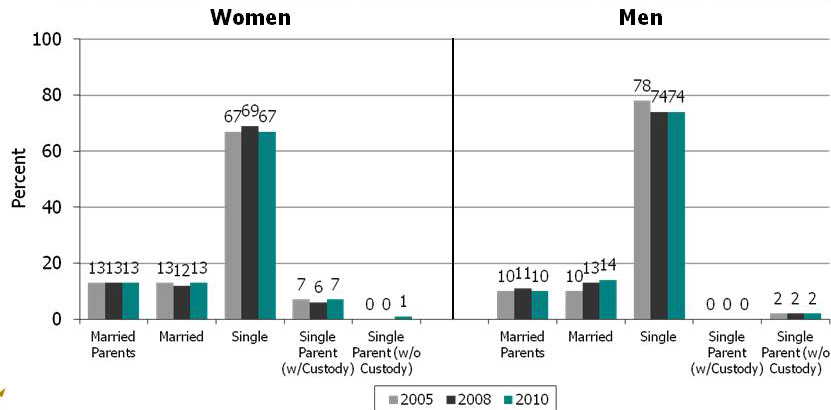
Note: Includes only those who have ever been a parent while in the Navy.
* Statistically significant difference between 2008 and 2010.

11

In 2005, a question was added to the survey asking those who had been a parent while in the Navy what their family status was when they entered the Navy. Navy regulations indicate that recruits may not enlist in the Navy if they are “unmarried with physical custody of minor children” (CNRC, 2008). As indicated above, almost $\frac{3}{4}$ are unmarried without children when they enter the Navy. A small portion indicate that they are single parents with custody; it is possible that they temporarily gave up custody to join the Navy and then regained it after boot camp. A small portion of those without custody indicate they regained custody within 6 months of entering the Navy, likely also after boot camp.

Family Status When Entering the Navy: *Officer*

Similarly, most officers who have ever been a parent while in the Navy are single when they join. Seven percent of women are single parents with custody when they join. Of those without custody, 12% of men and 33% of women regain custody within 6 months of joining, although results should be interpreted cautiously due to low numbers.



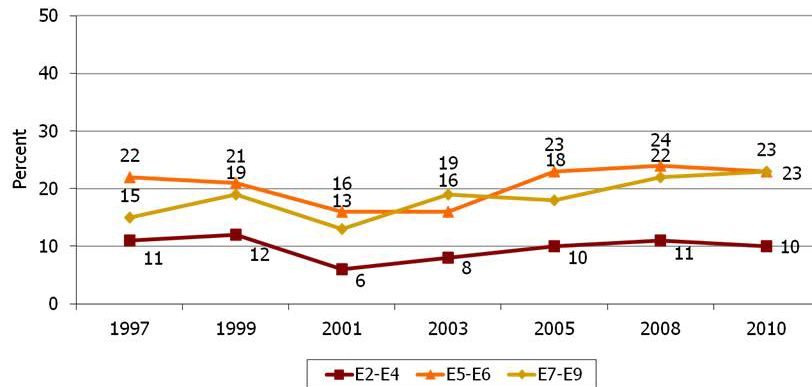
Note: Includes only those who have ever been a parent while in the Navy.

12

Officers may be single parents when they join as long as they have an approved Family Care Plan when they join (CNRC, 2005). As with enlisted, most officers who have ever been parents in the Navy are single without children when they are commissioned. About 7% of women officers who have ever been parents in the Navy are single parents with custody when they join. A small portion of those who are single parents without custody regained custody within 6 months of joining the Navy.

Female Enlisted Single Parents with Custody

Percentages of those who are single parents with custody are similar to 2008 results. Most women (57% overall) are unmarried when their child is born while 38% become single parents through divorce, similar to 2008 findings.



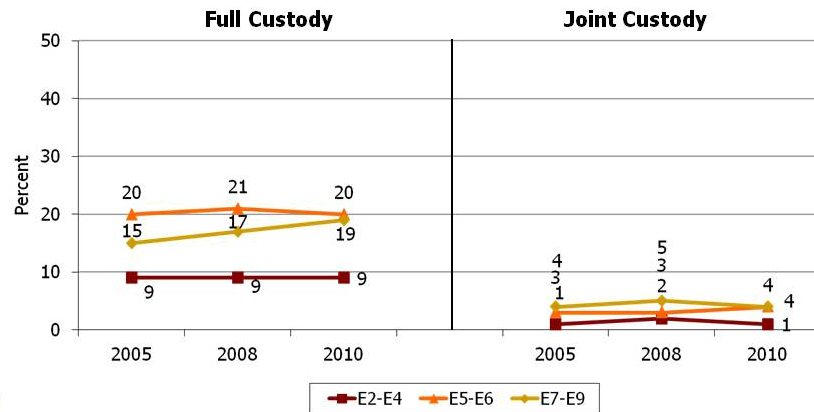
Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

13

For all enlisted women, about a quarter of E5-E9 are currently single parents with some form of custody of their child. Over half of enlisted women are unmarried when their child is born, with an additional 38% becoming single parents through divorce.

Female Enlisted Single Parents with Full or Joint Custody

Rates of custody for enlisted single mothers are similar to previous years; most enlisted single mothers have full custody.

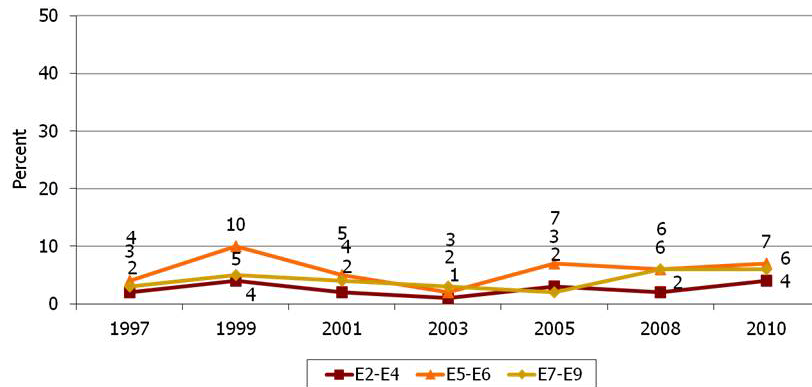


14

When comparing the types of custody, most enlisted women who have custody have full custody.

Male Enlisted Single Parents with Custody

Enlisted men are less likely to be single parents than enlisted women. Rates continue at levels similar to previous years. Most (48% overall) become single parents through divorce, while an additional 37% are unmarried when their child is born.



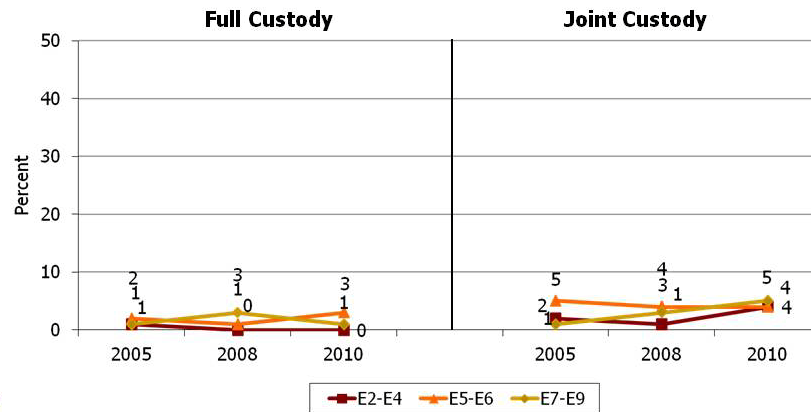
Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

15

About 6% of enlisted men are single parents with some form of custody of their children. As with enlisted women, E5-E9 have higher percentages than E2-E4. Almost half become single parents through divorce, although over 1/3 indicated they were unmarried when their child was born.

Male Enlisted Single Parents with Full or Joint Custody

Enlisted single fathers are slightly more likely to have joint custody than full custody.

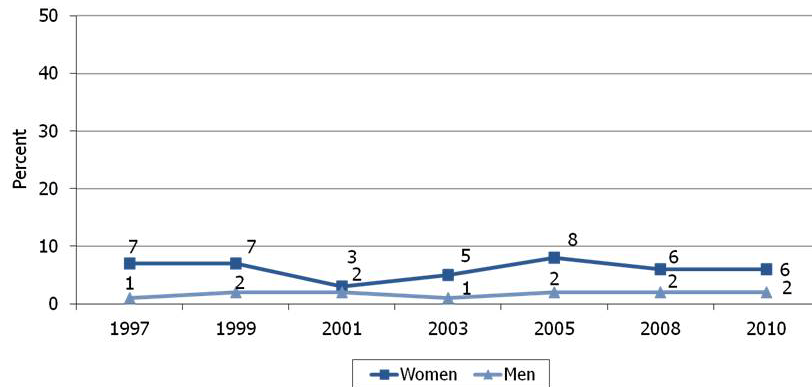


16

Enlisted men are more likely to have joint custody than full custody of their children.

Officer Single Parents with Custody

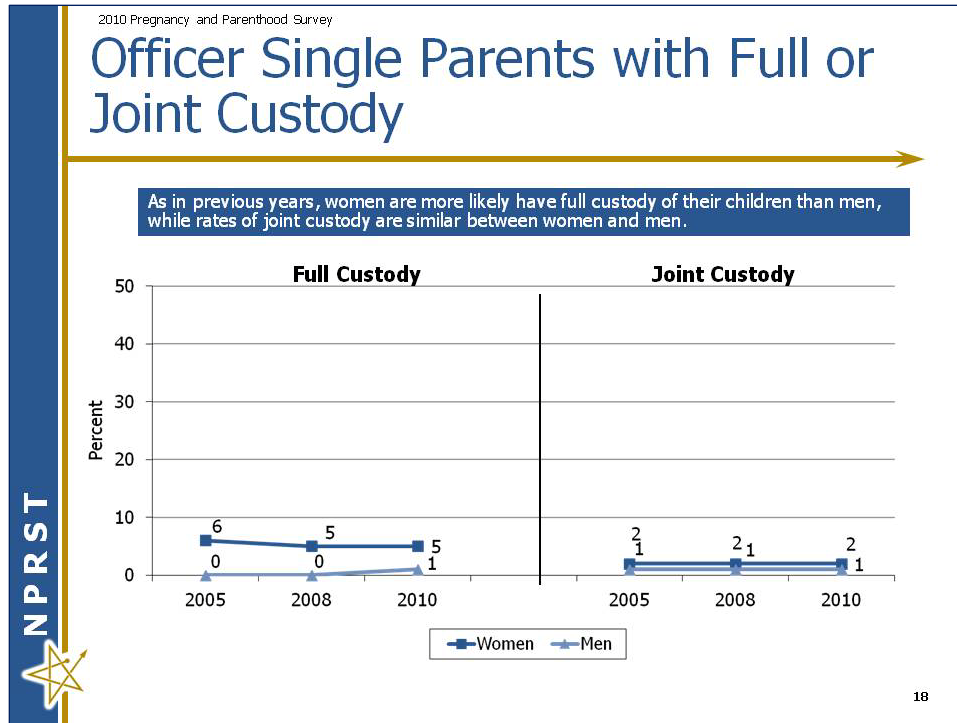
Rates of single parenthood are low for officers so results are not presented by paygrade group. Female officers are somewhat more likely than male officers to be single parents. Rates are consistent with previous findings. Seventy-four percent of male officers and 59% of female officers become single parents through divorce.



Note: "Single Parents with Custody" includes those who have sole custody and those who have any joint custody arrangement.

17

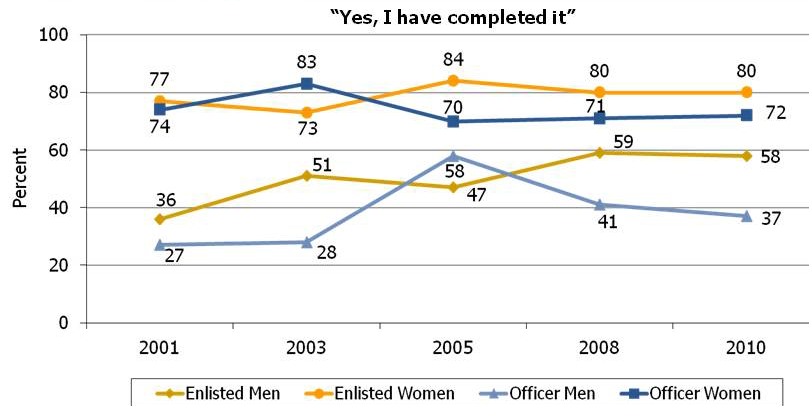
Few officers are single parents, so results are not presented by paygrade groups. About 6% of officer women and 2% of officer men are single parents with some form of custody. Almost $\frac{3}{4}$ of male officers and almost $\frac{6}{10}$ female officers become single parents through divorce.



Women officers are more likely to have full custody than joint, while men officers are just as likely to have full as to have joint custody.

Family Care Plan Compliance if Children under 19 Years

Single parents and dual-military parents are required to complete a Family Care Plan (OPNAVINST 1740.4D) if they have children under 19 years of age. Findings are similar to 2008 for all groups. Percentages for men are lower and tend to fluctuate more than the percentages for women because few are required to complete the form.



Note: Results for males should be viewed with caution due to low numbers of respondents.

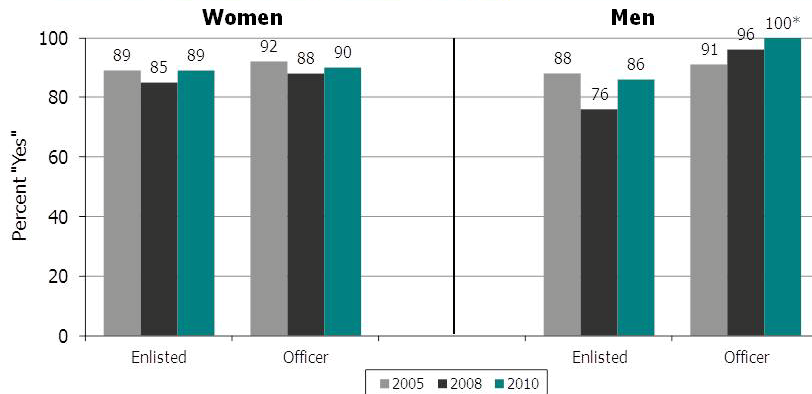
19

Single parents with any form of custody and dual-military parents are required by OPNAVINST 1740.4D to have a formal plan in place for when the service member is unavailable, such as deployments and temporary duty (CNO, 2009). Respondents who fell into those two parental categories were asked if they had completed the formal paperwork, with there being four possible “no” answers and one “yes”. Over 7 in 10 single mothers have completed the plan, but less than half of men indicate the same. While few men respondents fell into these categories and results therefore should be considered with caution, it is worth noting that the results for men are still relatively consistent through the years.

The largest reason to have not completed the form, across both genders and both enlisted and officer, was because the respondent had not been told to complete the form. This ranged from 40% for officer men to 8% for enlisted women (again, results for men should be considered with caution).

Undocumented Family Care Plans if Children under 19 Years

Those single parents or dual-military parents who had not completed a Family Care Plan were asked if they had some undocumented plan in place. The majority do have a plan in place, with results being most similar to the 2005 results. About 4% of males and 2% of females have no (documented or undocumented) plan.



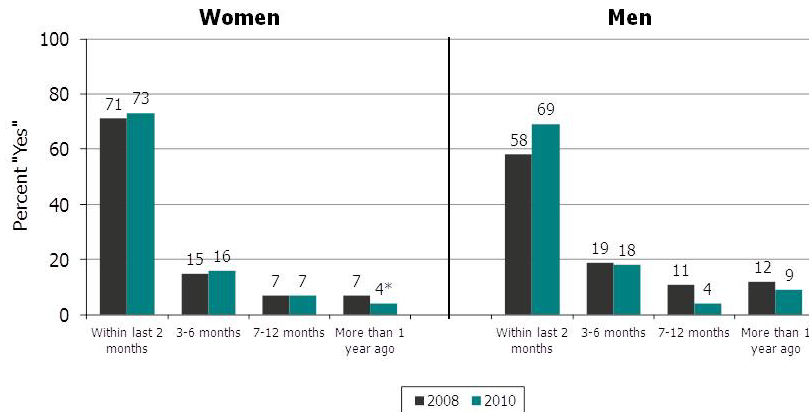
Note: Results for female officers, male officers, and male enlisted should be viewed with caution due to low numbers of respondents. Results only include those who indicated "No, because I have not been here 60 days yet", "No, I have not been told to complete the form", or "No, but I have been told to complete the form" to previous question about FCP completion.
 * Statistically significant difference between 2008 and 2010.

20

Those who should have filed a Family Care Plan and did not were asked if they had some undocumented plan in place for the care of their children if they were unavailable. The majority indicate they do have some plan in place (as before, responses for men and also women officers should be viewed with caution due to the low numbers of respondents who should complete the form). Less than 5% have no plan, formal or informal, in place for the care of their children.

Last Contact with Caregiver: *Enlisted*

Single parent and dual-military parents of children under 19 years were asked about how recently they had confirmed their plans with the expected caregiver. The majority of enlisted had contacted their caregiver within the last 2 months.



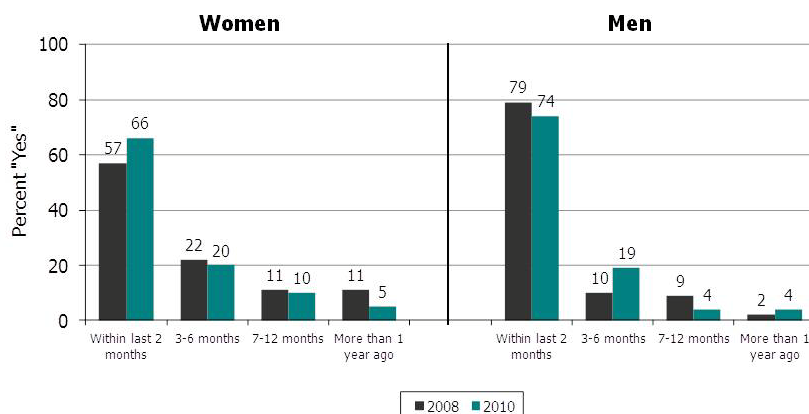
* Statistically significant difference between 2008 and 2010.

21

While the first step is to have a plan, the second is to ensure that the caregiver is still prepared to care for the child if/when needed. Single and dual-military parents were asked when they last had had contact with the intended caregiver of their child. Over 2/3 of these enlisted parents indicated that they had been in contact within the last 2 months. Just under an additional 20% had been in contact within the last 3 to 6 months.

Last Contact with Caregiver: *Officer*

As with enlisted single parents and dual-military parents, the majority of the officers had contacted their planned caregiver within the last two months.



Note: Results for female officers and males should be viewed with caution due to low numbers of respondents.

22

As with enlisted, about 2/3 or more of officer single parents and dual-military parents had been in contact with their intended caregiver within the last 2 months. About an additional 20% had been in contact within 3-6 months.

Ability to Execute Family Care Plan: *Enlisted*

Single and dual-military respondents were asked about the time to execute their plans (documented or undocumented). Results for enlisted are generally similar to previous years; parents are more likely to be able to execute their Family Care Plan when there is a longer delay, with most being able to do so if there is a month's notice.

Percent "Yes"

	Women			Men		
	2005	2008	2010	2005	2008	2010
Deployed tomorrow for an unspecified length of time	62	56	59	75	53	66
Deployed next week for an unspecified length of time	81	73	78	91	71	81
Deployed next month for an unspecified length of time	91	88	91	98	91	91

Note: Results for male enlisted should be viewed with caution due to low numbers of respondents. Could you execute your Family Care Plan (documented or undocumented) if you:



Executing a plan, documented or undocumented, for the care of a child requires some logistics, and single and dual-military parents were asked how long they would need to execute their plan if they had to deploy for an unknown length of time. About 6 in 10 enlisted indicated they could execute their plan if they were called to deploy tomorrow, almost 8 in 10 could do so in a week, and 9 in 10 could do so in a month.

Ability to Execute Family Care Plan: *Officer*

As with enlisted, longer lead time led to better expected execution rates of Family Care Plans; over 9 in 10 of both men and women officers say they could do so if they deployed next month.

Percent "Yes"

	Women			Men		
	2005	2008	2010	2005	2008	2010
Deployed tomorrow for an unspecified length of time	67	58	59	73	77	70
Deployed next week for an unspecified length of time	86	77	79	88	79	78
Deployed next month for an unspecified length of time	94	92	93	97	89	96

Note: Results for should be viewed with caution due to low numbers of respondents.
Could you execute your Family Care Plan (documented or undocumented) if you:

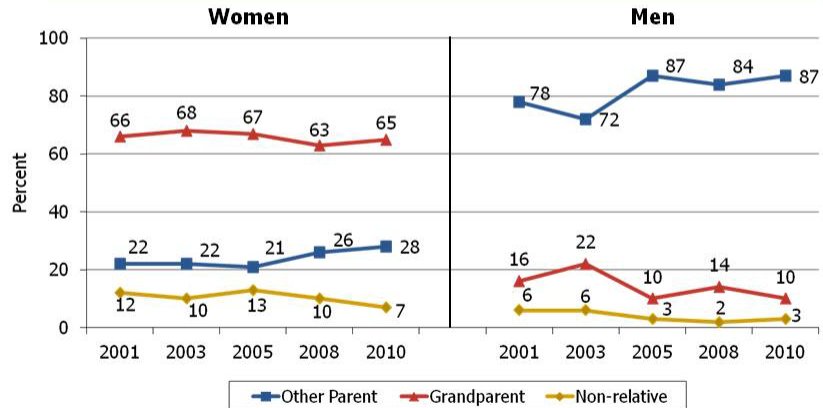
NPRST



Results for officer single and dual-military parents were similar to enlisted, with more being able to execute their plans as the time horizon increases.

Who Cares for Child When You Deploy: *Enlisted Single Parents*

As in previous years, single mothers tend to ask their child's grandparent to care for their child when they deploy while children of single fathers go to (or live full-time with) the child's mother.



Note: Results for male enlisted should be viewed with caution due to low numbers of respondents.

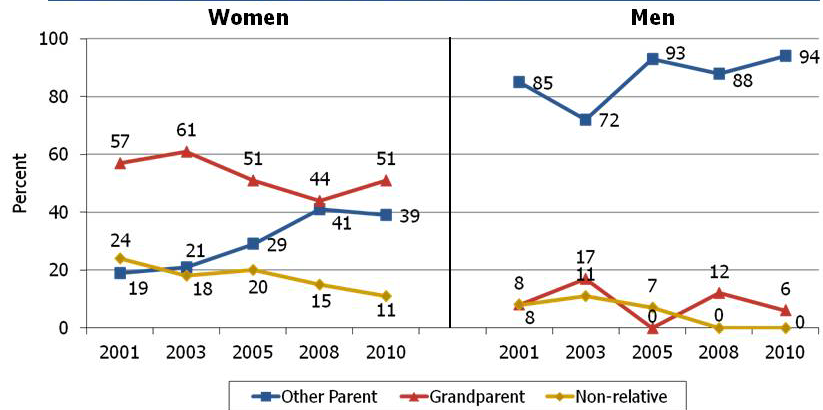
25

Parents were asked who normally cares for their child when they deploy or are on an unaccompanied tour. Results for enlisted single parents show that mothers are most likely to have the child's grandparents take care of the child, although the percentage of those who ask the child's father to take care of the child is the highest it has been since this question has been included on the survey.

Fathers tend to have the child's mother take care of the child, perhaps not surprising since fathers are more likely to have joint custody of their child than full custody.

Who Cares for Child When You Deploy: *Officer Single Parents*

Because of the few single parent officers, results should be interpreted with caution. As with enlisted men, fathers tend to have the child's mother take care of the child when deployed. Women officers are slightly more likely to ask the child's grandparent to care for the child when she deploys than to ask the child's father.



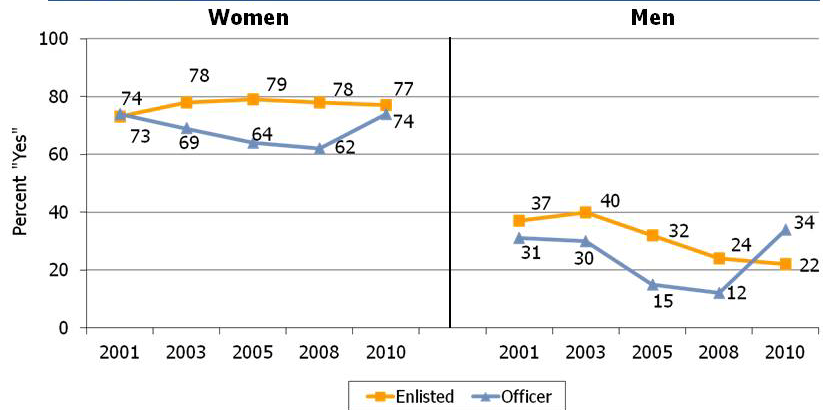
Note: Results for officers should be viewed with caution due to low numbers of respondents.

26

The graphs for the officer single parents have shown large changes, but this is likely due to the fact that few officer respondents are single parents so results should be viewed with caution. As with enlisted, mothers are more likely to ask the child's grandparent to take care of the child while fathers are more likely to ask the child's mother.

Does Your Child Move When You Deploy: *Single Parents*

Because of the potential upheaval in a child's life when their single parent deploys, respondents were asked if their children also needed to temporarily move into another home. Almost ¾ of single mothers say that their child does move while fewer single fathers indicate the same.



Note: Results for female officers and males should be viewed with caution due to low numbers of respondents.

27

In addition to the child losing a parent for the extended period of time for the deployment or temporary duty, the child may also be forced to move from their home. The majority of single mothers do have to move their children, while less than half of men indicate the same. This is likely related to the fact that the children of single mothers are tended by their grandparents since the mother often has sole custody, while the single fathers have joint custody and ask the mother (who presumably shares custody) to take care of the child.

Parenthood Summary

- Percentage estimates of single parents are similar to 2005 and 2008 results, with over 6,000 single Navy mothers and over 12,000 single Navy fathers
- Results for single parenthood rates are similar to 2008 for all paygroups
- Family Care Plan compliance continues less than 100%, although most who have not completed the formal plan have some undocumented plan in place

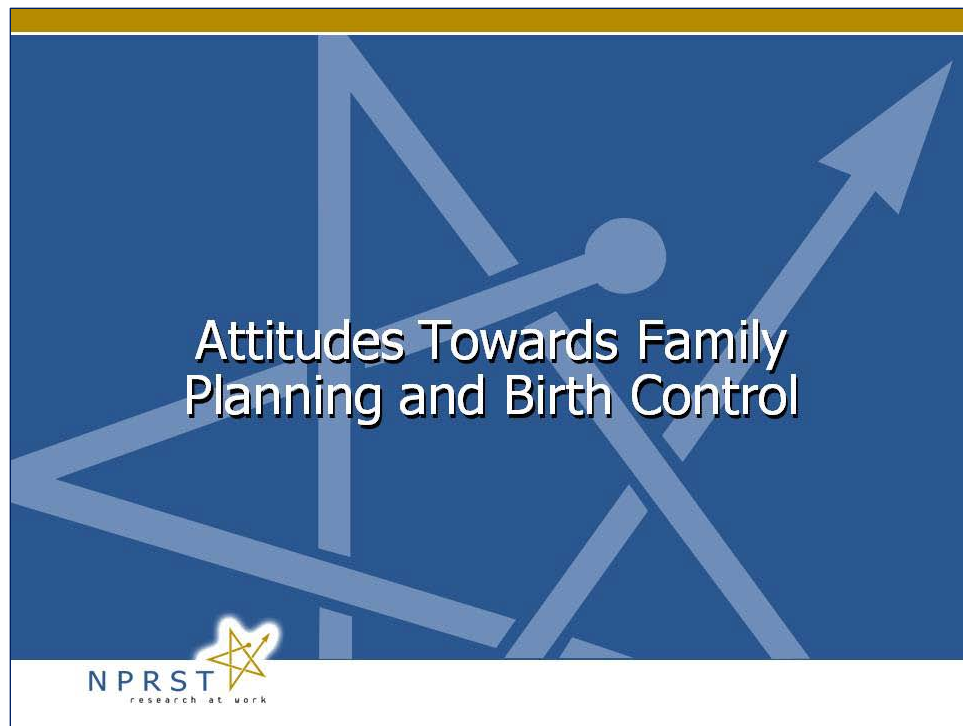


28

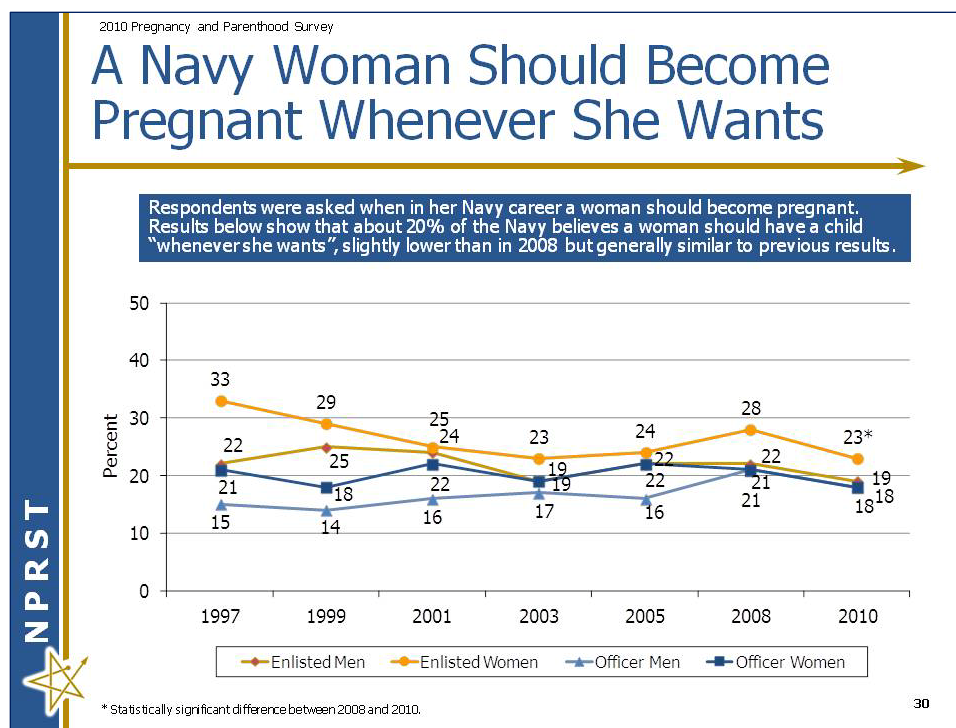
Three major points can be taken from the parenthood section of the survey. In terms of single parents, the percentage estimate and extrapolated counts are similar to previous findings, with about 18,000 Sailors being single parents.

In looking at the individual paygrade groups, there have been no major changes in single parent rates since 2008. E5-E9 paygrade groups remain the most likely to be single parents.

Those who are single parents or dual-military parents, and are therefore required to complete a Family Care Plan, are not always doing so. Those who do not document their plan do have some form of plan in place.



The next sections of the survey dealt with attitudes towards family planning and birth control practices and knowledge.



The survey asked when in a Navy career is the best time for a woman to become pregnant. Six answers were possible, ranging from “Never: being in the Navy and motherhood are not compatible” to “Whenever the woman wants a child”, and also including options that depended upon duty type and timing within the career. Since 1997, results for the answer that shows the least regard for the Navy career have been tracked. As this graph shows, the results are almost the lowest since the question was first asked. Less than a quarter feel that the woman’s desires for a child should come first, with a marked decrease in the percentage of enlisted women who feel this.

The table below shows results for the remainder of the answers. Most feel pregnancy is appropriate during shore duty or if going to shore duty.

Table 1. A Navy Woman Should Become Pregnant Whenever She Wants - Other Answers

	Enlisted Women	Enlisted Men	Officer Women	Officer Men
Never; being in the Navy and motherhood are not compatible	12%	9%	11%	8%
After her first operational tour	5%	5%	7%	8%
During shore duty, but not after getting orders to sea duty	38%	35%	42%	39%
While on sea duty	0%	1%	0%	0%
After receiving orders to shore duty, if the ship/squadron is not deploying	23%	30%	22%	27%

Sea/Shore Rotation and Family Planning

When asked about whether their current sea/shore rotation was adequate for planning a family, over half of most groups (just under half of enlisted women) indicated that it was. About 20% of enlisted and 16% of officers do not know, possibly because they are not yet planning a family.

My current sea/shore rotation is adequate for family planning.

	Enlisted				Officer			
	Women		Men		Women		Men	
	2008	2010	2008	2010	2008	2010	2008	2010
Yes	46	46	50	54	55	54	69	68
No	33	32	31	26	31	28	20	17
Don't know	21	22	19	20	14	18	11	16

NPRST



31

Respondents were asked about sea/shore rotation (or flow) and if it is adequate for family planning. NAVADMIN 201/11 (CNO, 2011) defines the length of each of the tours, which now vary by rating (as opposed to paygrade as in 2006 and before). Almost 1/3 of women indicate that it is not adequate for planning.

Post-Partum Operational Deferment Changes

Respondents were given a brief description of the current post-partum operational deferment policy and asked about potential changes to the policy. The majority recommended leaving the policy as it is, although over 1/4 of women recommended increasing the deferment length.

If the policy were changed, how do you think it should be changed?

	Enlisted		Officer	
	Women	Men	Women	Men
	2010	2010	2010	2010
Shorten the policy to 6 months or less	3	13	4	15
Leave the policy as is	60	58	60	64
Increase the operational deferment time	27	14	28	8
Allow 6 months operational deferment for those with less than 5 years of service, 12 months for members with over 5 years	10	16	9	13

NPRST

32

The current policy governing pregnancy in the Navy indicates that new mothers are non-deployable for up to 12 months after the birth of their child (CNO, 2007). The survey provided a short description of this deferment and asked respondents how they thought the policy should be changed, giving them 4 possible options. The majority indicated that the policy should be left as is, although almost equal percentages of men felt that it should be shortened to 6 months or less as felt that it should be 6 months or less for mothers with less than 5 years of service. Over 1/4 of women felt the deferment time should be increased.

Post-Partum Operational Deferment for Fathers

While post-partum operational deferment is currently only available to mothers, respondents were asked the impact of changing the policy to allow mothers to transfer some or all of the deferment to their child's father. Results are nearly consistent across groups, with over ¼ indicating such a change would motivate them to remain in the Navy.

How would having the ability to transfer all or some portion of the deferment from the mother to the military father impact your desire to stay in the Navy?

	Enlisted		Officer	
	Women	Men	Women	Men
	2010	2010	2010	2010
It motivates me to remain in the Navy	28	29	28	30
It has no impact on my motivation to remain in the Navy	68	65	70	65
It motivates me to leave the Navy	4	6	3	5

NPRST



33

The military already recognizes the importance of the father to the mother and newborn child; in 2008, CNO announced 10 days of paternity leave for married Navy fathers to be taken in the first 365 days of the child's life, as codified in the FY09 National Defense Authorization Act (CNO, 2008). Prior to the 2010 survey, there was some discussion about further recognizing the father's role in the newborn's life by allowing the operational deferment to be transferred to the military father. To assess Navy attitudes, respondents were asked if that option would have any impact on their retention decision. Most felt that allowing this transfer would have no impact on their motivation to remain in the Navy, but almost 1/3, regardless of gender, indicated it would motivate them to remain.

Impact of Sabbatical on Retention

In 2010, respondents were asked if they had heard of the Career Intermission Pilot Program and provided a short description of it. About 1 in 5 enlisted (22% enlisted men and 18% enlisted women) have heard of it, compared to about half of officers (49% of male officers and 57% of female officers). Results below show that most people feel the CIPP has no impact on their motivation to stay in the Navy.

How does this program impact your desire to stay in the Navy?

	Enlisted		Officer	
	Women	Men	Women	Men
	2010	2010	2010	2010
Motivate me to remain in the Navy	23	21	29	16
Has no impact on my motivation to remain in the Navy	74	75	69	81
Motivate me to leave the Navy	4	4	2	3



34

The Career Intermission Pilot Program was authorized in the FY09 National Defense Authorization Act and allows Sailors to transfer to the Individual Ready Reserve for up to 3 years, with the Sailors returning to the active duty Navy and owing 2 months for every 1 month that they are in the IRR (for current regulation, see CNO, 2010). The survey gave respondents a short synopsis of the program and asked about their awareness. Few enlisted had heard of it while about half of officers had.

Respondents were then asked the impact of the program on their desire to stay in the Navy. The majority (lowest being over 2/3 for officer women) feel that the program as defined on the survey has no impact on their retention motivation.

Family Planning Attitudes: *Enlisted*

Several questions were asked of respondents relating to attitudes towards birth control for family planning. Results are generally similar to previous years; most enlisted men and women feel birth control is important before marriage as well as while married. Enlisted men are more likely than enlisted women to have intercourse without birth control if their partner wants.

Please indicate how well each statement reflects your beliefs.

	Women					Men				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
I think it is important to use birth control until getting married.	--	--	91	90	91	--	--	93	94	93
I think it is important to use birth control after getting married.	--	--	84	84	84	--	--	83	84	83
I have had sexual intercourse without using birth control even though I did not want to father a child/get pregnant.	59	57	60	63	59*	64	63	67	69	64
I would have sexual intercourse without birth control if my partner wanted me to.	28	29	35	38	40	63	62	64	64	70
When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	15	15	18	20	20	35	31	35	35	36

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."

* Statistically significant difference between 2008 and 2010.

35

Several questions asked about attitudes toward birth control and family planning. Results could range from "Completely true of me" to "Not at all true of me". The tables above and on the following pages show results for those who had indicated that it was even slightly true of them; only the percent who said it was not true of them are not included.

Most enlisted men and women feel that use of birth control is important before and after getting married, with a slightly smaller percentage thinking it is important after marriage than before. Almost 2/3 indicate that it is at least slightly true that they would have intercourse without birth control even if they did not want to have a child, yet a higher percentage (about 4 in 5 women and 2 in 3 men) say that if birth control is not available they would have intercourse and hope that a pregnancy does not result. Almost twice as many men as women indicate that it is at least slightly true for them that they would have intercourse without birth control if their partner wanted them to.

Family Planning Attitudes: *Enlisted* (continued)

As on the previous questions, results are similar to previous years. The largest difference between enlisted men and women relates to birth control being the responsibility of the woman; women are more likely to feel this is at least slightly true of them than men.

Please indicate how well each statement reflects your beliefs.

	Women					Men				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
I make it my responsibility to discuss birth control with my partner.	95	95	94	94	95	92	93	92	91	92
I think it is important for men to get involved with birth control.	98	96	95	96	95	96	95	94	95	93
My most recent partner encouraged use of birth control.	84	83	83	82	83	82	84	82	81	81
Birth control is the responsibility of the woman.	54	54	56	58	63*	28	31	37	39	42

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."

* Statistically significant difference between 2008 and 2010.



The majority of enlisted indicate that it is at least slightly true that they make it their responsibility to discuss birth control with their partner, that men should be involved with birth control, and that their most recent partner encouraged the use of birth control.

Family Planning Attitudes: *Officer*

Results are similar for officers to findings in previous surveys. As with enlisted, the largest difference relates to having intercourse without birth control if the partner wanted them to, followed by having intercourse without birth control even if they do not want a child.

Please indicate how well each statement reflects your beliefs.

	Women					Men				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
I think it is important to use birth control until getting married.	--	--	95	94	94	--	--	96	92	95
I think it is important to use birth control after getting married.	--	--	93	93	93	--	--	94	91	91
I have had sexual intercourse without using birth control even though I did not want to father a child/get pregnant.	36	37	38	37	35	55	51	57	54	54
I would have sexual intercourse without birth control if my partner wanted me to.	16	17	17	20	23	50	51	53	56	57
When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	6	5	8	9	8	19	17	17	19	20

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."



Responses of officers tend to show more family planning than those of enlisted. Officers are slightly more likely to indicate they think birth control is important, with again minimal difference between the genders. Fewer officers than enlisted would have intercourse without birth control even if they did not want a child or if their partner wanted them to.

Family Planning Attitudes: *Officer* (continued)

Women officers are much more likely than men officers to indicate that "Birth control is the responsibility of the woman" is at least slightly true for them.

Please indicate how well each statement reflects your beliefs.

	Women					Men				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
I make it my responsibility to discuss birth control with my partner.	95	97	96	96	96	92	96	96	96	96
I think it is important for men to get involved with birth control.	98	98	97	97	97	96	98	97	97	97
My most recent partner encouraged use of birth control.	84	93	93	91	92	82	91	91	89	89
Birth control is the responsibility of the woman.	54	64	58	61	66*	28	28	28	26	29

Note: Percentages include those who indicated "Slightly true of me," "Somewhat true of me," "Mostly true of me," and "Completely true of me."

* Statistically significant difference between 2008 and 2010.

NPRST



38

The differences between officers and enlisted are much smaller for the questions shown above. Most officers feel it is at least slightly true that they make it their responsibility to discuss birth control, that men should be involved in birth control, and that their most recent partner encouraged the use of birth control. Almost 7 in 10 do not believe that birth control is the responsibility of the woman.

Pregnancy to Avoid Deployment

The 2010 survey again asked women if they would intentionally become pregnant to avoid deploying and results are comparable to 2008; about 3% indicated that they would.

Would you intentionally become pregnant to avoid a deployment or scheduled Individual Augmentee (IA) period?

	Enlisted		Officer	
	2008	2010	2008	2010
Yes	4	3*	5	3
No	96	98	95	97

* Statistically significant difference between 2008 and 2010.

NPRST

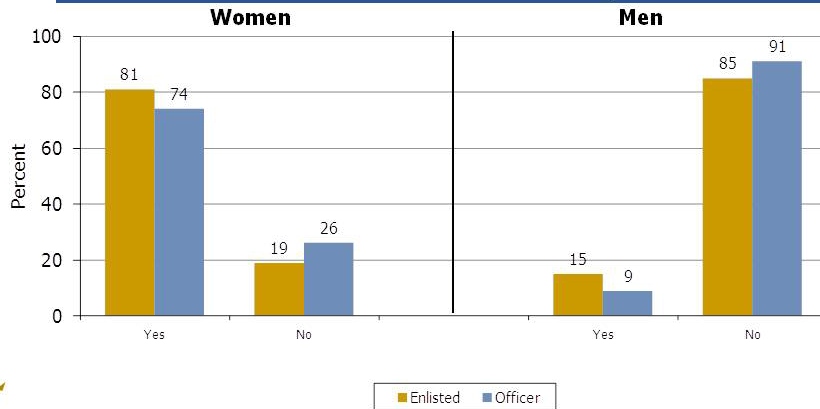


39

A question was added in 2008 asking women if they would intentionally become pregnant to avoid a deployment or scheduled Individual Augmentee (IA) period, and that question was left in for the 2010 version. The majority, a few percentage points more than in 2008, indicate they would not.

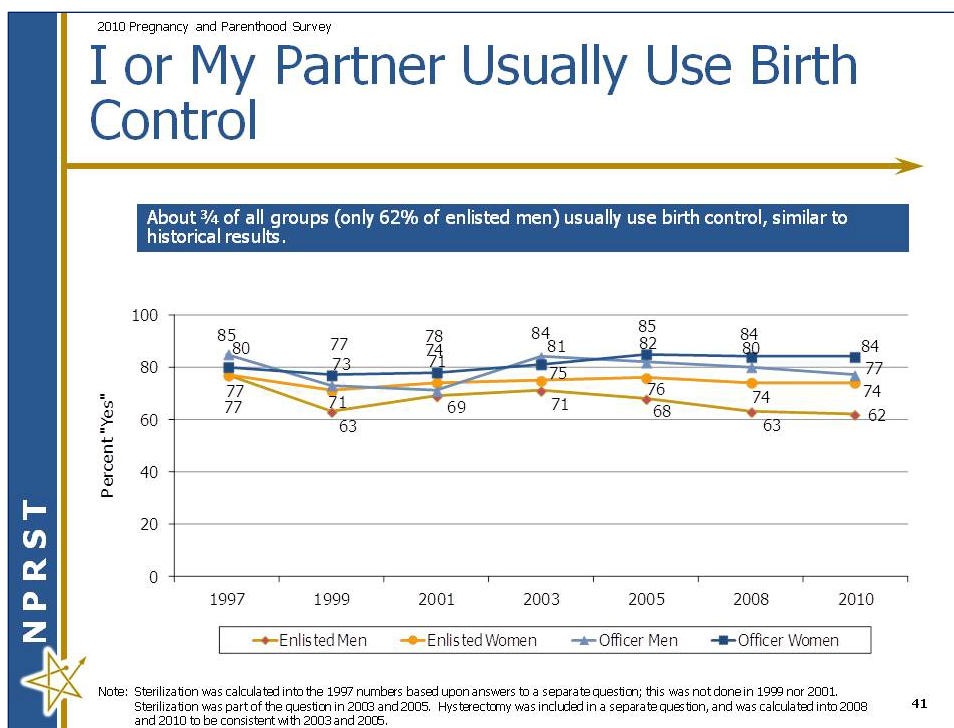
Birth Control Discussed at Physical Exam

Respondents were asked if birth control options were discussed during their last physical exam. Birth control is generally discussed with women but rarely discussed with men. In addition, respondents were asked if they had ever used or considered using in vitro fertilization (IVF). Seventeen percent of women officers have used or considered IVF (8% of male enlisted and 13% of both female enlisted and male officer).



40

SECNAVINST 6120.3 requires an annual medical check-up, and part of that check-up includes counseling regarding family planning and birth control options (SECNAV, 2009). Survey respondents were asked if birth control was discussed at their last physical exam. The majority of women do discuss birth control at their physicals, while a large percentage of men do not.



Respondents were asked if they or their partner usually use birth control, or if they used it with their most recent partner. More than ¾ of officers and 74% of enlisted women indicate they do. Only 62% of enlisted men indicated the same, with their results being the lowest recorded since the question was first asked almost 15 years ago.

Reasons for Not Using Birth Control: *Enlisted*

The most common reason for enlisted women to not use birth control is that they are pregnant or are trying to become pregnant; for enlisted men, it is because they do not want to.

Why don't you use birth control?

	Women			Men		
	2005	2008	2010	2005	2008	2010
Do not have sex	19	19	20	19	14	16
Not fertile	6	3	5	6	5	4
Religion or personal beliefs do not permit	3	4	5	6	3	5
Do not want to	16	18	22	20	17	29*
Not comfortable discussing or getting **	---	---	3	---	---	5
Pregnant or trying to get pregnant	31	32	31	17	20	24
Other	23	23	14*	29	39	17*

Note: On the 2008 and 2010 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** On the 2010 survey, two answers choices were combined into one so are not directly comparable to previous years.

NPRST

42

Those who indicated they do not usually use birth control were asked why they do not. The largest percentage for women indicates they are pregnant or trying to become pregnant, while the largest percentage for men indicates because they do not want to use birth control (an increase from 2008 results). Paygrade results for those who are pregnant or trying to get pregnant show few differences between the paygrade groups (for women, 31% for E2-E4 and E5-E6, 35% for E7-E9; for men, 22% for E2-E4, 26% for E5-E6, 24% for E7-E9).

Reasons for Not Using Birth Control: *Officer*

The most common reason for officers to not use birth control is because they or their partner are pregnant or trying to become pregnant. As with enlisted men, there has been an increase in the percentage who indicate they do not use birth control because they do not want to.

Why don't you use birth control?

	Women			Men		
	2005	2008	2010	2005	2008	2010
Do not have sex	23	29	28	12	12	11
Not fertile	16	8	8	16	10	11
Religion or personal beliefs do not permit	5	5	5	8	11	15
Do not want to	6	9	17*	12	17	20
Not comfortable discussing or getting **	---	---	0	---	---	2
Pregnant or trying to get pregnant	30	34	37	31	28	32
Other	19	16	5*	22	21	9*

Note: On the 2008 and 2010 survey, hysterectomy was listed as a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.
In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** On the 2010 survey, two answers choices were combined into one so are not directly comparable to previous years.

43

Reasons officers do not use birth control are similar to enlisted findings. About 1/3 of officers or their partners are currently pregnant or trying to get pregnant. For officer women, the next most common reason is that they are abstinent or have not had sex in the last 6 months. As with enlisted, there has been an increase in the percentage indicating they do not want to use birth control, this time for officer women although 1 in 5 officer men indicate the same.

Paygrade findings for those who are pregnant or trying to get pregnant show that O3 is the most likely group to select this answer (43% of women officers and 41% of men officers who do not use birth control), as compared to juniors (23% women, 15% men) and seniors (15% women, 33% men).

Birth Control Options: *Enlisted*

Most enlisted personnel usually use the condom or the birth control pill.

What method(s) of birth control do you or your partner usually use?

	Women			Men		
	2005	2008	2010	2005	2008	2010
Tubal ligation/Essure/Hysterectomy**	--	6	6	--	9	12
Vasectomy**	--	5	6	--	13	13
Rhythm method	2	3	3	3	4	6
Withdrawal	16	18	18	19	17	19
Continuous breast-feeding	--	2	2	--	1	2
Birth control pill	48	47	43*	51	43	43
Birth control patch	16	9	6*	10	5	4
Birth control implant	--	1	4	--	1	3
Birth control ring	2	7	9	2	4	7
Birth control shot	14	8	7	13	6	5
Diaphragm/shield/cap**	1	0	0	1	1	0
IUD	5	11	15*	2	6	9
Condom	51	53	51	56	57	58
Female condom	1	1	2	2	1	2
Sponge	--	0	0	--	1	1
Spermicidal foam or jelly**	4	3	2	6	5	4
Other	1	1	0	1	1	1

Note: Multiple responses allowed. On the 2008 and 2010 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

* Statistically significant difference between 2008 and 2010.

** Wording changed from 2005.

NPRST

44

Those who do use birth control were asked which birth control they usually use. Respondents could select multiple options. As in previous years, the most used methods are the condom and the birth control pill. For women, IUD use has increased while use of both the birth control pill and patch have decreased slightly.

Effectiveness rates of various birth control methods can be found in Appendix A of *Family Planning: A Global Handbook For Providers* (World Health Organization, 2007). Although the birth control pill is considered very effective (less than 1% of users should become pregnant) when consistently and correctly used, rates of pregnancy for the common usage of all three of the preferred birth control methods of enlisted Sailors can result in high failure rates, ranging from 8% for the pill to 27% for withdrawal. While these rates are better than not using any method, 27 women out of 100 still become pregnant due to their chosen method of birth control.

Birth Control Options: *Officer*

Most officers also use the condom or the birth control pill, with women officers preferring the pill.

What method(s) of birth control do you or your partner usually use?

	Women			Men		
	2005	2008	2010	2005	2008	2010
Tubal ligation/Essure/Hysterectomy**	--	7	5	--	11	12
Vasectomy**	--	11	8	--	23	22
Rhythm method	4	5	5	5	7	6
Withdrawal	9	12	12	7	11	17*
Continuous breast-feeding	--	3	3	--	2	2
Birth control pill	54	53	52	47	43	42
Birth control patch	7	3	2	5	2	1
Birth control implant	--	0	1	--	0	2
Birth control ring	1	8	9	3	3	5
Birth control shot	6	2	2	3	1	1
Diaphragm/shield/cap**	1	1	0	2	1	0
IUD	6	7	14*	5	5	7
Condom	38	41	39	39	44	44
Female condom	0	0	0	1	0	0
Sponge	--	0	0	--	1	0
Spermicidal foam or jelly**	4	2	2	5	2	2
Other	3	2	0*	1	1	1

Note: Multiple responses allowed. On the 2008 and 2010 survey, hysterectomy was listed a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

* Statistically significant difference between 2008 and 2010.

** Wording changed from 2005.

NPRST

45

Officers are also most likely to use the condom or the birth control pill, although women officers are more likely to use the pill than a condom, which is the opposite of women enlisted. As with women enlisted, the use of an IUD has increased.

Again, these methods are not the most effective, as common use of the pill can still lead to pregnancy in 8 in 100 women while common use of the condom can lead to pregnancy for 15 in 100 women (WHO, 2007). The 3rd highest method, IUD for women officers and vasectomy for men officers, is considered very effective, with less than 1 in 100 experiencing pregnancy when using these methods (see Appendix A, WHO, 2007).

Health Care Providers: *Enlisted*

Respondents were asked their attitudes towards health care providers in regards to discussing and getting birth control from them. Results are comparable to previous findings for enlisted personnel, with most feeling more comfortable with military physicians/nurse practitioners/physician's assistants than with IDC or civilian providers.

Percent "Agree" or "Strongly Agree"

	Women				Men			
	2003	2005	2008	2010	2003	2005	2008	2010
I would feel comfortable discussing birth control with a military physician/nurse practitioner/physician's assistant.	--	--	88	87	--	--	76	81
I would feel comfortable getting birth control from a military physician/nurse practitioner/physician's assistant.	--	--	89	87	--	--	78	79
I would feel comfortable discussing birth control with an Independent Duty Corpsman.*	60	67	73	74	63	68	70	74
I would feel comfortable getting birth control from a Independent Duty Corpsman.*	58	66	72	72	65	69	71	74

Please indicate how well each statement reflects your beliefs.

Note: * Wording changed between 2003 and 2005, when questions asked about "corpsman".

46

As a number of birth control methods require interaction with medical professionals, several questions on the survey asked respondents about their attitudes towards discussing and getting birth control with various types of providers. By and large, enlisted respondents are comfortable both discussing and getting birth control from physicians, nurse practitioners, and physician's assistants as well as from IDC. Women enlisted are slightly more comfortable than men with MD/NP/PA.

Health Care Providers: *Enlisted* (continued)

Enlisted results for the remainder of the questions about health care providers are again similar to previous years.

Percent "Agree" or "Strongly Agree"

	Women				Men			
	2003	2005	2008	2010	2003	2005	2008	2010
I would feel comfortable discussing birth control with the medical personnel aboard ship.	64	68	73	73	64	67	69	72
I would feel comfortable getting birth control from the medical personnel aboard ship.	65	68	72	72	65	68	67	70
I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	36	49	45	45	36	48	46	40
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	35	47	43	43	35	46	43	38

Please indicate how well each statement reflects your beliefs.



Enlisted men and women are about as comfortable in discussing or getting birth control from personnel aboard ship as they are with IDC (previous page). Less than half indicate they are more comfortable with civilian providers than military providers.

Health Care Providers: *Officer*

Results for officers also are similar to previous years, and there are no large differences between genders.

	Percent "Agree" or "Strongly Agree"							
	Women				Men			
	2003	2005	2008	2010	2003	2005	2008	2010
I would feel comfortable discussing birth control with a military physician/nurse practitioner/physician's assistant.	--	--	95	94	--	--	87	89
I would feel comfortable getting birth control from a military physician/nurse practitioner/physician's assistant.	--	--	95	96	--	--	88	89
I would feel comfortable discussing birth control with an Independent Duty Corpsman.*	46	62	67	67	57	71	73	74
I would feel comfortable getting birth control from an Independent Duty Corpsman.*	48	64	71	70	59	73	74	74

Please indicate how well each statement reflects your beliefs.
 Note: * Wording changed between 2003 and 2005, when questions asked about "corpsman".

48

Officers tend to be more comfortable with MD/NP/PA than enlisted. Women officers are less comfortable than enlisted women with IDCs, similar to previous years.

Health Care Providers: *Officer* (continued)

Most officers, regardless of gender, are comfortable discussing and getting birth control from medical personnel aboard ship; only 1/3 or less would feel more comfortable with civilian medical providers than with those in the military.

Percent "Agree" or "Strongly Agree"

	Women				Men			
	2003	2005	2008	2010	2003	2005	2008	2010
I would feel comfortable discussing birth control with the medical personnel aboard ship.	65	69	75	73	69	73	76	77
I would feel comfortable getting birth control from the medical personnel aboard ship.	69	70	76	76	69	73	76	76
I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	23	31	28	29	26	34	32	34
I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	21	28	26	26	23	32	29	30

Please indicate how well each statement reflects your beliefs.



Officers are slightly more comfortable with medical personnel aboard ship than with IDCs (previous page). Only 1/3 or less indicate they are more comfortable with civilian providers than military providers.

Birth Control Knowledge: *Enlisted*

Knowledge of birth control remained relatively constant (and generally correct) since the previous administration. More men and women know that additional methods of birth control are needed if a woman misses 2 or more pills in a row, although almost twice as many women know this than men. However, respondents continue to incorrectly believe that condoms are just as effective as the pill in preventing pregnancy.

	Percent "True"									
	Women					Men				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
When used properly, condoms are just as effective as the pill in preventing pregnancy. (F)	55	57	65	65	68*	63	63	69	68	75*
Women cannot get pregnant during their menstrual period. (F)	10	9	8	9	7	23	13	14	13	12
Birth control medicines lead to cancer. (F)	10	11	11	10	10	6	7	7	6	8
If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe. (T)	72	69	72	71	76*	44	41	40	37	44*
Almost all women who take the birth control pill gain weight. (F)	30	29	27	22	22	23	23	21	17	19
All methods of birth control are equally effective. (F)	7	9	12	12	12	7	8	8	10	11

Indicate whether you believe each of the following statements is true, false or you don't know.
* Statistically significant difference between 2008 and 2010.

50

Six questions on the survey asked True/False questions to assess respondent knowledge about birth control. Only one of the questions is True. Overall, enlisted respondents answered correctly. However, both enlisted women and men incorrectly believe that pills are as effective as condoms. Additionally, men are not as likely as women to correctly answer the question about missing birth control pills, possibly because, at present, birth control pills are only taken by women.

The knowledge of Sailors regarding efficacy is similar to what has been recently found in the civilian population, wherein women were likely to overestimate the effectiveness of the pill and condom, as well as the patch, ring, birth control implant, and natural family planning (Eisenberg, Secura, Madden, Allsworth, Zhao, & Peipert, 2012).

Birth Control Knowledge: *Officer*

Officers also knew that most questions were false, although they also tended to incorrectly answer that condoms are just as effective as the pill, even more than in previous administrations.

	Percent "True"									
	Women					Men				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
When used properly, condoms are just as effective as the pill in preventing pregnancy. (F)	41	43	50	50	59*	54	55	59	60	67*
Women cannot get pregnant during their menstrual period. (F)	14	12	11	12	10	20	18	17	16	14
Birth control medicines lead to cancer. (F)	5	7	7	6	7	5	8	8	5	6
If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe. (T)	86	86	87	86	89	57	58	56	52	56
Almost all women who take the birth control pill gain weight. (F)	22	20	16	13	17*	14	14	15	9	11
All methods of birth control are equally effective. (F)	1	1	2	2	2	1	1	2	2	2

Indicate whether you believe each of the following statements is true, false or you don't know.
 * Statistically significant difference between 2008 and 2010.



Officer birth control knowledge is somewhat better than enlisted, with fewer incorrectly indicating "True" to the first question, and more indicating "True" to the question about missed pills.

Emergency Contraception: *Enlisted*

Knowledge of emergency contraception has increased dramatically since first asked about in 2001. Almost all enlisted women and 2/3 of enlisted men know what emergency contraception is.

	Percent "Yes"									
	Women					Men				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
Prior to this survey, I knew what emergency contraception was.	63	71	81	83	92*	35	39	51	52	67*
During my last physical exam, emergency contraception was discussed.	7	10	15	13	17*	2	2	3	3	3
Emergency contraception is available where I am currently stationed.	14	23	31	29	40	9	10	15	13	19
I use emergency contraception as a primary birth control method.	--	--	--	2	2	--	--	--	3	3

Regarding emergency contraception, which of the following statements are true for you?

Note: Don't know option included in analyses.

* Statistically significant difference between 2008 and 2010.

NPRST



52

Emergency contraception was defined on the survey as taking a specified dosage of birth control pills within 72 hours of unprotected sex, followed by a second dosage. At the time of this writing, there are 3 approved brands of emergency contraception in the United States (Mayo Clinic, 2010). Respondents were asked about emergency contraception. Nearly all enlisted women and most enlisted men know what emergency contraception is, more so than in the last administration. A small portion (predominantly women) indicate they discussed emergency contraception at their last physical. Four in ten women know that emergency contraception is available where they are currently stationed. Few indicate that they use it as their primary birth control method.

Emergency Contraception: *Officer*

Most officers know what emergency contraception is, and almost none use it as their primary birth control method.

	Percent "Yes"									
	Women					Men				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
Prior to this survey, I knew what emergency contraception was.	76	81	88	90	95*	53	60	69	72	82*
During my last physical exam, emergency contraception was discussed.	2	3	4	3	4*	0	0	0	0	1
Emergency contraception is available where I am currently stationed.	19	21	26	26	31	5	8	9	8	14
I use emergency contraception as a primary birth control method.	--	--	--	0	0	--	--	--	1	1

Regarding emergency contraception, which of the following statements are true for you?

Note: Don't know option included in analyses.

* Statistically significant difference between 2008 and 2010.



The percentage of officer respondents who know about emergency contraception is slightly higher than enlisted, as well as slightly higher than found during the previous administration. Almost none discussed it at their last physical exam. Officers are less likely than enlisted to know it is available where they are currently stationed. Even fewer officers than enlisted use it as their primary birth control method.

Emergency Contraception from Medical Personnel

Over half are comfortable with discussing emergency contraception with medical personnel, although most are more comfortable with physicians than with IDC (especially true for officer women).

Percent "Agree" or "Strongly Agree"

	Enlisted				Officer			
	Women		Men		Women		Men	
	2008	2010	2008	2010	2008	2010	2008	2010
I would feel comfortable discussing Plan B with a military physician/nurse practitioner/physician's assistant.	65	65	54	59	71	72	65	68
I would feel comfortable discussing Plan B with an Independent Duty Corpsman.	52	54	51	54	45	43	54	57

Note: Don't know not included in analyses.



Respondents were asked about discussing emergency contraception with health care providers. Respondents feel more comfortable with physicians/NP/PA than with an IDC, however they are much less comfortable with this discussion than with discussion of birth control; only about 2/3 are comfortable with EC discussions compared to at least 8 in 10 with birth control discussions.

Attitudes Towards Family Planning and Birth Control Summary (1 of 2)

NPRST



- Family planning attitudes are generally comparable to previous results
 - Slightly fewer believe a woman should have a child "Whenever she wants"
 - More enlisted personnel believe that birth control is the responsibility of the woman
- Almost half of enlisted women indicate that their sea/shore rotation is good for family planning
 - About 20% indicate that they do not know
- CIPP, as discussed on the survey, has generally no impact on motivation to stay in the Navy

55

Family planning attitudes remain about the same as in previous years, with a few slight fluctuations. Almost half indicate that their sea/shore rotation (flow) is good for family planning, but about 20% indicate that they do not know. The career intermission, as currently implemented, has generally no impact on motivation to remain in the Navy.

Attitudes Towards Family Planning and Birth Control Summary (2 of 2)

NPRST



- Birth control usage similar to previous years
- Slight increase in the percentage not using birth control because they do not want to
- Birth control pill and male condom remain most used form of birth control
- Trend increasing for percentage who incorrectly believe that condoms are as effective as the pill
- Knowledge of emergency contraception has increased dramatically; almost no one uses emergency contraception as their primary birth control

56

Considering family planning attitudes are basically the same as in previous years, it is not surprising that birth control usage rates are similar to previous years. A slightly larger percentage this year indicate that they do not use birth control simply because they do not want to. The birth control pill and the male condom remain the most used forms of birth control, with higher percentages now incorrectly indicating that the two are equally effective. Knowledge of emergency contraception continues to increase, and few indicate they use it as their primary means of birth control.



An important component in family planning is training about it. The next section addresses education and training about sexual health.

Sources of Training on STIs/STDs: *Enlisted*

Training of enlisted personnel about sexually transmitted infections (STIs) and sexually transmitted diseases (STDs) is predominantly conducted at recent GMTs. Almost half of women also received training from medical professionals.

From which of the following sources have you received training in STIs or STDs, including HIV**?

	Women			Men		
	2005	2008	2010	2005	2008	2010
At GMT, within the last year	61	63	58*	66	63	63
At GMT, more than 1 year ago	25	24	26	31	28	31
Physician	47	43	47*	29	27	32
Nurse practitioner/Physician's assistant/Medical Officer**	31	38	43	14	21	25
Independent Duty Corpsman	12	15	17	18	19	24*
Corpsman	27	27	29	31	35	35
Other	28	29	9*	29	31	8*
Never	3	3	5*	4	5	5

Note: Multiple responses allowed.

In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** Wording changed in 2008 to include STIs and Medical Officer.

58

Respondents were given a multiple choice question about where they had received training on sexually transmitted infections and diseases. Most enlisted men and women received training at General Military Training (GMT) within the last year. Almost half of women and 1/3 of men receive training from medical professionals, predominantly a physician. Five percent indicate they have never received training.

Sources of Training on STIs/STDs: *Officer*

Over half of officers have had recent GMT to discuss STIs and STDs. About a third of all officers receive training from a physician.

From which of the following sources have you received training in STIs or STDs, including HIV/**?

	Women			Men		
	2005	2008	2010	2005	2008	2010
At GMT, within the last year	48	55	52	57	59	52*
At GMT, more than 1 year ago	30	30	32	41	38	46*
Physician	40	34	38	34	30	35
Nurse practitioner/Physician's assistant/Medical Officer-**	26	28	31	11	16	20
Independent Duty Corpsman	7	9	9	17	17	21
Corpsman	6	9	8	15	17	15
Other	28	28	14*	26	24	8*
Never	5	4	4	4	4	5

Note: Multiple responses allowed.

In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** Wording changed in 2008 to include STIs and Medical Officer.

NPRST

Officer results are generally similar to those for enlisted. About half receive training at GMT within the last year, and about 4 in 10 receive training from medical personnel, usually physicians. Again, about 5 percent have never received training.

Sources of Training on Methods of Birth Control: *Enlisted*

Enlisted women are most likely to receive training on methods of birth control from their physicians or other medical personnel while men are most likely to have received training at a recent GMT. Almost ¼ of men indicate that they do not receive training about birth control methods.

From which of the following sources have you received training in methods of birth control?

	Women			Men		
	2005	2008	2010	2005	2008	2010
At GMT, within the last year	37	28	33*	48	37	46*
At GMT, more than 1 year ago	16	12	16*	26	21	24
Physician	64	58	61*	25	20	29*
Nurse practitioner/Physician's assistant/Medical Officer**	43	54	59*	14	16	21
Independent Duty Corpsman	13	15	19*	14	14	20*
Corpsman	27	27	27	25	23	25
Other	23	24	6*	28	28	7*
Never	4	5	4	16	20	21

Note: Multiple responses allowed.

In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** Wording changed in 2008 to include Medical Officer.

NPRST

60

Results about sources of training on birth control methods show some significant changes from the last administration for enlisted personnel. More women than in previous years are getting training from every source except corpsman; few mark that they have never had training, similar to previous years. A higher percentage of men, as compared to the last administration, received training at GMT within the last year, from their physician, from an IDC, and from other sources.

Sources of Training on Methods of Birth Control: *Officer*

Women officers also tend to receive training on birth control from their medical providers. About 1/3 of men received training at a recent or a past GMT, or from a physician. One in five male officers has not received training.

From which of the following sources have you received training in methods of birth control?

	Women			Men		
	2005	2008	2010	2005	2008	2010
At GMT, within the last year	23	17	23*	35	32	31
At GMT, more than 1 year ago	13	12	14	27	24	33*
Physician	58	53	57	29	24	31*
Nurse practitioner/Physician's assistant/Medical Officer**	38	44	48	9	12	19*
Independent Duty Corpsman	6	7	9*	11	12	14
Corpsman	4	6	6	10	11	11
Other	26	27	10*	29	25	9*
Never	8	9	10	19	21	20

Note: Multiple responses allowed.

In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** Wording changed in 2008 to include Medical Officer.

NPRST

Results for officers show significant changes for officers as well. More women are getting training at GMT and from an IDC; few mark that they have never had training, similar to previous years. A higher percentage of men, as compared to the last administration, received training at GMT, from their physician, and from an NP/PA.

Sources of Training on Navy Pregnancy Policy: *Enlisted*

Almost 1/3 of enlisted personnel have not received training on the Navy pregnancy policy (OPNAVINST 6000.1C).

From which of the following sources have you received training in Navy pregnancy policy?

	Women			Men		
	2005	2008	2010	2005	2008	2010
At GMT, within the last year	34	19	36*	36	22	35*
At GMT, more than 1 year ago	18	11	18*	20	11	22*
Physician	17	9	19*	6	4	9*
Nurse practitioner/Physician's assistant/Medical Officer**	13	11	22*	4	3	9*
Independent Duty Corpsman	5	4	8*	4	3	9*
Corpsman	12	7	14*	10	7	12*
Other	27	32	16*	19	19	6*
Never	26	39	26*	37	52	37*

Note: Multiple responses allowed.

In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** Wording changed in 2008 to include Medical Officer.

NPRST

The responses from both enlisted women and enlisted men show that there was a significant change, compared to the previous survey administrations, in training about the Navy's pregnancy policy from all sources. Also, significantly fewer enlisted personnel selected "other" and "never trained" as responses.

Sources of Training on Navy Pregnancy Policy: *Officer*

Almost half of Navy officers indicate they have not received training in the Navy pregnancy policy.

From which of the following sources have you received training in Navy pregnancy policy?

	Women			Men		
	2005	2008	2010	2005	2008	2010
At GMT, within the last year	20	9	20*	27	13	22*
At GMT, more than 1 year ago	20	9	16*	25	12	23*
Physician	11	5	9*	5	3	5*
Nurse practitioner/Physician's assistant/Medical Officer**	7	4	10*	1	2	4*
Independent Duty Corpsman	1	1	2*	3	2	4*
Corpsman	2	1	2*	2	1	3
Other	27	28	22*	16	18	9*
Never	38	57	42*	43	61	48*

Note: Multiple responses allowed.

In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** Wording changed in 2008 to include Medical Officer.



Officer responses follow the same trend as enlisted responses on the question related to sources of training on the Navy's Pregnancy Policy.

Sources of Training on Navy Family Care Plan: *Enlisted*

Forty percent of men and a third of women indicate they have had training on the Navy Family Care Plan (OPNAVINST 1740.4D) at GMT in the last year. Almost 1/3 indicate they have never had training.

From which of the following sources have you received training about the Navy Family Care Plan?

	Women			Men		
	2005	2008	2010	2005	2008	2010
At GMT, within the last year	27	19	33*	33	27	40*
At GMT, more than 1 year ago	13	10	16*	18	13	20*
Physician	9	6	9*	6	5	8
Nurse practitioner/Physician's assistant/Medical Officer**	7	6	11*	4	4	9*
Independent Duty Corpsman	3	3	5*	4	4	8*
Corpsman	8	6	10*	8	8	12
Other	33	39	23*	21	27	9*
Never	34	36	30*	37	41	30*

Note: Multiple responses allowed.

In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** Wording changed in 2008 to include Medical Officer.

NPRST

Significantly more enlisted women than in 2008 received training from all sources on the Navy's Family Care Plan. Responses from enlisted men generally followed this trend as well; however, the rise in training from physicians and corpsmen was not statistically significant. There were significantly fewer "other" and "never trained" responses from all enlisted personnel.

Sources of Training on Navy Family Care Plan: *Officer*

Officers are most likely to indicate they have never had training about the Navy Family Care Plan.

From which of the following sources have you received training about the Navy Family Care Plan?

	Women			Men		
	2005	2008	2010	2005	2008	2010
At GMT, within the last year	16	10	19*	22	17	23*
At GMT, more than 1 year ago	13	10	16*	17	14	22*
Physician	3	2	3*	4	3	2
Nurse practitioner/Physician's assistant/Medical Officer**	2	2	4*	1	2	2
Independent Duty Corpsman	1	1	2*	2	2	3
Corpsman	1	1	1	2	2	2
Other	25	32	22*	18	24	11*
Never	52	53	46*	51	52	46

Note: Multiple responses allowed.

In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** Wording changed in 2008 to include Medical Officer.

NPRST

65

Training on the Navy's Family Care Plan significantly rose in nearly all sources for officer women, when compared to the previous survey administrations. Training from corpsmen, however, remained the same for officer women. Also, for officer women, there were significantly fewer "other" and "never trained" responses.

There were fewer significant differences for officer men than for officer women. There was a significant rise in training at GMT for officer men, and significantly fewer officer men selected the "other" response on this question.

Suggested Sexual Health Training Venues: *Enlisted*

Respondents were asked where sexual health training should be given. Most enlisted personnel believe training should occur at boot camp or at GMTs, although almost half also indicate leadership courses, PREVENT-type atmospheres, and from command leadership.

Where do you think you should learn about sexual health issues?

	Women			Men		
	2005	2008	2010	2005	2008	2010
Boot Camp	81	79	78	80	76	74
Leadership courses	50	47	53*	50	44	49
PREVENT-type atmosphere	59	56	56	52	46	49
OCS/USNA/ROTC	29	28	33*	28	25	29
GMT	68	68	70	68	65	66
From command leadership	42	45	50*	41	39	45
Other	15	17	11*	12	12	9

Note: Multiple responses allowed.

* Statistically significant difference between 2008 and 2010.



The venues for sexual health training demonstrate changing opinions among enlisted women. Significantly more enlisted women, when compared to previous survey administrations, said that sexual health training should be included in leadership courses, should be conducted at OCS/USNA/ROTC, and should be conducted by command leadership. However, the primary sources remain boot camp and GMT.

There were no statistically significant changes in opinions among enlisted men.

Suggested Sexual Health Training Venues: *Officer*

Officers also are most likely to indicate sexual health training should occur at boot camp or GMTs. Over half also indicate it should occur at OCS/USNA/ROTC.

Where do you think you should learn about sexual health issues?

	Women			Men		
	2005	2008	2010	2005	2008	2010
Boot Camp	75	69	70	70	68	68
Leadership courses	52	48	48	49	43	45
PREVENT-type atmosphere	51	48	47	37	34	36
OCS/USNA/ROTC	60	57	60	55	53	57
GMT	70	68	67	70	72	67
From command leadership	40	36	34	29	28	29
Other	21	24	16*	16	16	15

Note: Multiple responses allowed.

* Statistically significant difference between 2008 and 2010.



Officers have not changed significantly across survey administrations in their suggested venue for sexual health training. The majority suggest sexual health training should occur at boot camp and GMT, as well as OCS/USNA/ROTC. While most opinions have not changed, it should be noted that significantly fewer officer women selected the “other” response.

Suggested Timing for Sexual Health Training: *Enlisted*

Most enlisted respondents feel that sexual health training should occur once a year.

How often do you think you should receive training about sexual health issues?

	Women			Men		
	2005	2008	2010	2005	2008	2010
Once in a career	6	5	6	10	7	10
Every reenlistment/obligation	10	11	12	12	11	13
Once a year	77	77	79	76	73	73
Only when I ask for information	--	15	16	--	18	18
Other	16	15	9*	15	14	9*

Multiple responses allowed.

*Statistically significant difference between 2008 and 2010.

NPRST



68

Responses on the question regarding the timing for sexual health training show that opinions among enlisted personnel have not changed significantly across survey administrations.

Suggested Timing for Sexual Health Training: *Officer*

Officers also believe sexual health training should be once a year.

How often do you think you should receive training about sexual health issues?

	Women			Men		
	2005	2008	2010	2005	2008	2010
Once in a career	7	6	9*	11	10	11
Every reenlistment/obligation	13	11	12	13	9	10
Once a year	73	71	69	68	67	64
Only when I ask for information	--	14	16	--	17	18
Other	16	18	8*	15	10	8

Note: Multiple responses allowed.

* Statistically significant difference between 2008 and 2010.

NPRST



69

As with enlisted, officer attitudes about when sexual health training should occur have not changed significantly across survey administrations. There was one exception: significantly more officer women responded that once in a career is an appropriate frequency for sexual health training.

Education and Training Summary

NPRST



- Sources of sexual health training are similar to previous findings
 - STI/STD training occurs at GMT
 - Birth control training from health care providers for women and from GMT for men
- Less than half have never had training on policy related to pregnancy or single/dual-military parenthood
- Most think sexual health training should still be taught at boot camp and/or at GMT once a year

70

Survey results about education and training were largely unchanged from the 2008 results. STI/STD training continues to occur at GMT while birth control training is given by health care providers for women and by GMT trainers for men.

Policy training is less common than STI/STD and birth control training.

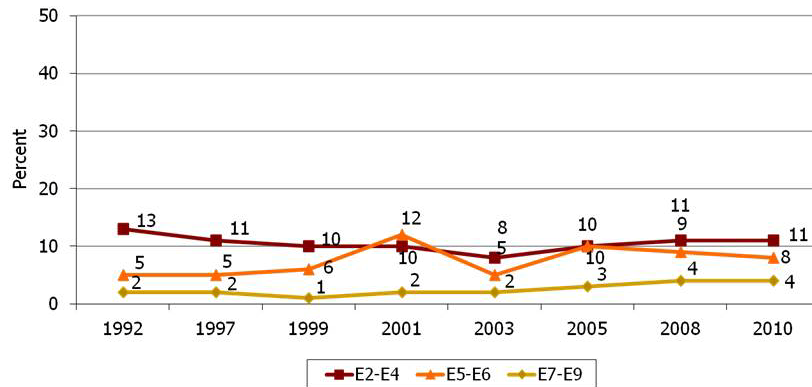
Respondents indicate that sexual health training should be taught at boot camp and/or at GMT once a year.



The final section of the survey dealt with pregnancy, and was only presented to women. The first question asked if they had ever been pregnant while in the Navy; forty-seven percent of enlisted women (ranging from 33% for the juniors, 61% for mid-grade, and 72% for Chiefs) and 38% of officers (ranging from 19% for juniors, 35% for O3, and 57% for seniors) indicated that they had. This group was presented additional questions asking about their pregnancies. Those who had not been pregnant while in the Navy were skipped to almost the end of the survey, to the question about becoming intentionally pregnant and questions about the maternity outer garment.

Point-in-Time Enlisted Pregnancy Rates

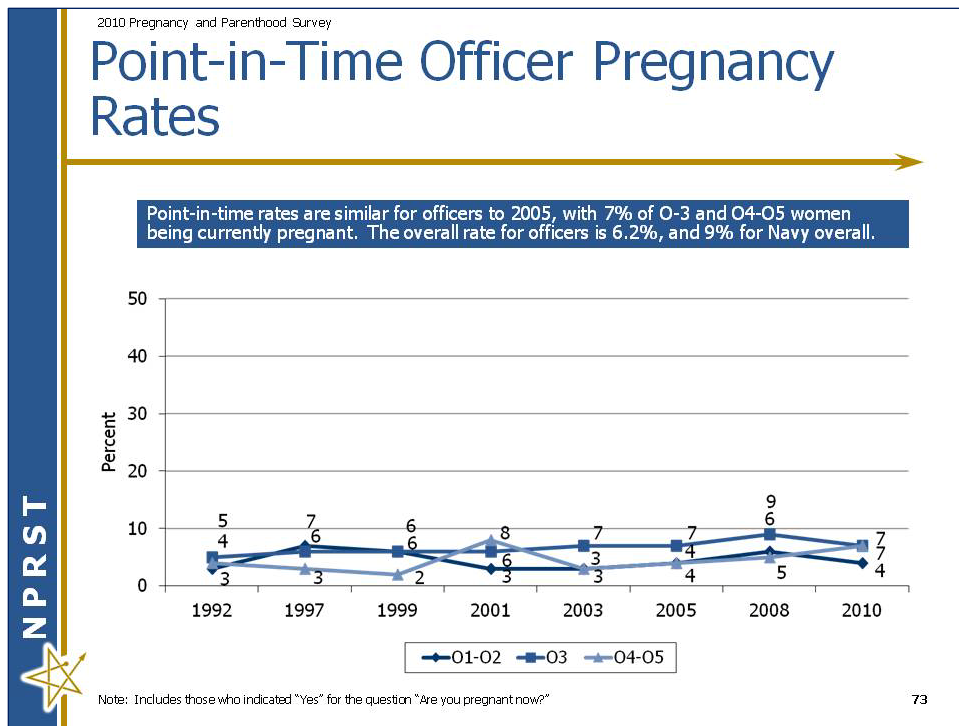
Women were asked if they are currently pregnant, allowing for a point-in-time (snapshot) rate of pregnancy in the Navy. Results are generally similar to the historical results. The overall enlisted point-in-time rate is 9.3%.



Note: Includes those who indicated "Yes" for the question "Are you pregnant now?"

72

There are three ways of presenting pregnancy information that are used in this report. The first is displayed here, showing a snapshot, or point-in-time, rate of pregnancy. This is based upon the responses to the question "Are you pregnant now." For enlisted women, about 9 out of 100 are pregnant at any time. As shown in the graph, junior enlisted are more likely than senior enlisted to be pregnant at any moment, similar to recent civilian findings that show pregnancy rates of 180 per 1000 20-24 year olds and 67 per 1000 35-39 year olds (Ventura, Abma, Mosher, & Henshaw, 2009).

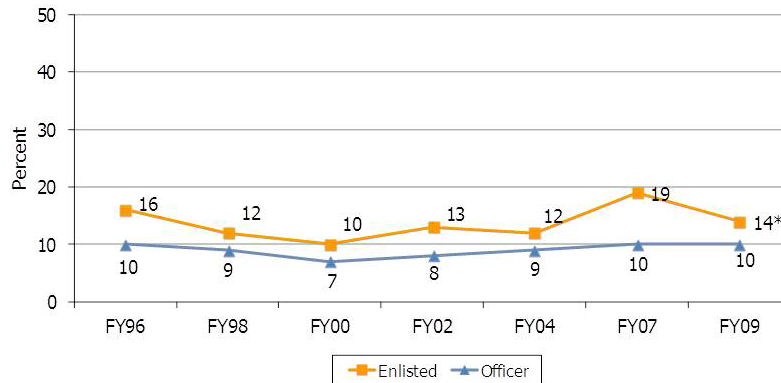


About 6 out of 100 officer women are pregnant on any given day, with senior (O3 and above) being more likely to be pregnant than O1-O2.

The overall Navy rate (combining enlisted and officer) point-in-time is 9%.

Annualized Pregnancy Rates

Respondents were asked if they became pregnant in the last FY (1 October 2008 through 30 September 2009). Results for officers are consistent with previous years, and results for enlisted women have returned to FY98 – FY04 levels. The annual rate overall is 12.9%.



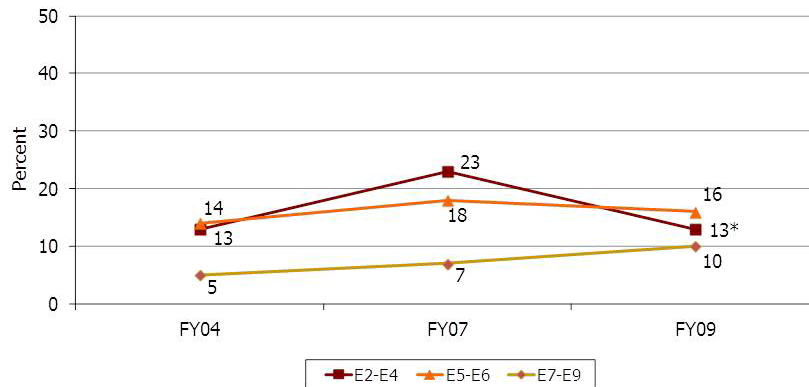
Note: FY07 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 08 and 30 Sept 09?"
 * Statistically significant difference between 2008 and 2010.

74

Another way of looking at pregnancy statistics is to look at the annual rate, or how many became pregnant in a year. The survey asked respondents if they became pregnant in FY09. As in previous years, about 10% of officers indicated they had. Results for enlisted have returned to rates found prior to FY07, possibly due to the survey again being administered in late summer.

Annual Enlisted Pregnancy Rates

Looking at annual rates by paygrade groups, rates are again similar to FY04, although rates for E7-E9 have increased slightly since then.



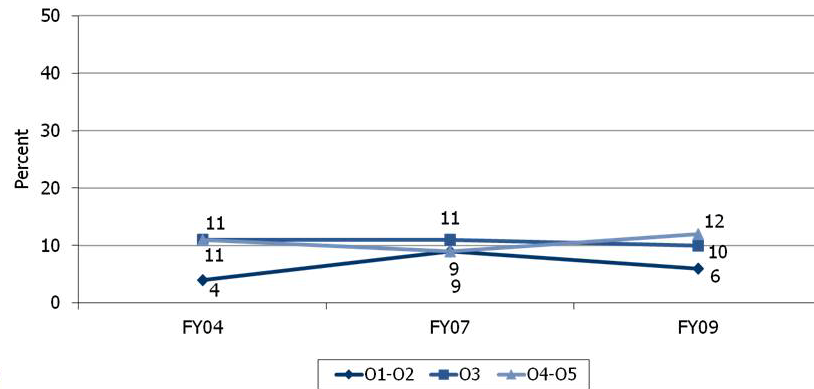
Note: FY07 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 08 and 30 Sept 09?"
 * Statistically significant difference between 2008 and 2010.

75

Annual pregnancy rates are presented here for enlisted paygrade groups. Rates for E2-E4 have decreased substantially from FY07, while rates for E5-E6 and E7-E9 have remained within margins of error when compared to FY07.

Annual Officer Pregnancy Rates

The annual rates for officers are most similar to FY04 numbers.



Note: FY07 results include those who indicated "Yes" for the question "Did you become pregnant between 1 Oct 08 and 30 Sept 09?"

76

Annual rates for officers are generally similar to FY04 rates.

General Pregnancy Questions: *Enlisted*

Enlisted women who had ever been pregnant while in the Navy were asked follow-on questions. Results continue to be similar across years, with about 1/3 of enlisted pregnancies being planned and with most of the fathers of their children being in the military. Seventeen percent indicate they had orders to their next duty station. Five percent of those not attached to a deployable unit at the time of the pregnancy had orders to one.

	Enlisted						
	1997	1999	2001	2003	2005	2008	2010
Was this pregnancy planned?	35	40	36	35	36	36	37
Were you using birth control?	21	27	30	32	29	31	34
Was IVF used?	---	---	---	---	---	---	1
Was the father in the military?	72	71	73	75	73	70	70
Moved due to pregnancy	33	37	31	35	40	42	45
Orders to next duty station?	---	---	---	---	---	---	17
Orders to ship or deployable squadron? **	17	9	8	11	12	14	5*

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Statistically significant difference between 2008 and 2010.

** Includes only those currently not on ship/deployable squadron/other deployable unit.

NPRST

77

The third way of generating pregnancy statistics is to look at pregnancy information for the most recent pregnancy. This may be the only pregnancy while in the Navy, and it may have occurred many years before the survey was answered. Because so few in the sample are currently or were recently (in the last fiscal year) pregnant, most pregnancy results provided in this report are for the most recent pregnancy of those who indicated they had ever been pregnant while in the Navy (47% of enlisted women and 38% of officer women).

Several questions were asked generally about the pregnancy. Enlisted results show that the majority of births are unplanned and occur while not using birth control; of those with unplanned births (63%), 49% indicated they were not using birth control while 50% were using birth control. In addition, most enlisted women have partners who are fellow military members; 65% of those who had an unplanned pregnancy indicated their partner was in the Navy while another 9% indicated their partner was in another service.

The military environment may be unhealthy for fetuses so mothers may have to be moved (see OPNAVINST 6000.1C for regulations); 45% of enlisted women indicated they were moved due to their pregnancy. Seventeen percent of the enlisted women who became pregnant while in the Navy indicated they had orders to their next duty station; of those who were not assigned to a deployable unit, 5% had orders to a deployable unit when they became pregnant (a significant difference from 2008).

General Pregnancy Questions: *Officer*

As in the past, findings for officer women are very different from enlisted women; women officers are more likely to plan their pregnancies so are less likely to be using birth control, and are less likely to be moved due to their pregnancy. As with enlisted, 17% had orders to their next duty station. Of those not attached to a deployable unit, only 1% had orders to a ship or deployable squadron when they became pregnant.

	Officer						
	1997	1999	2001	2003	2005	2008	2010
Was this pregnancy planned?	77	79	72	72	70	69	70
Were you using birth control?	8	9	12	15	13	15	15
Was IVF used?	---	---	---	---	---	---	4
Was the father in the military?	51	39	51	47	49	52	54
Moved due to pregnancy	7	15	5	7	8	11	10
Orders to next duty station?	---	---	---	---	---	---	17
Orders to ship or deployable squadron*	4	1	3	4	3	2	1

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Includes only those not currently on ship/deployable squadron/other deployable unit.

NPRST

78

Many officer responses are vastly different from those of enlisted, perhaps due to higher education levels which has been shown to correspond with childbearing decisions (see, for example, Chandra, Martinez, Mosher, Abma, Jones, 2005; Livingston & Cohn, 2010; U.S. Census Bureau, 2011). Most officer women plan their pregnancies, which fits with less use of birth control when they became pregnant. A higher percentage of women officers used IVF than enlisted. About half of officer women's partners were military men.

Again unlike enlisted, few officer women are moved due to hazards during their pregnancy, and few of those not currently on deployable units have orders to a deployable unit when they become pregnant.

Failed Birth Control Methods

Among those who said they were using birth control when they became pregnant, most were using the birth control pill.

What method(s) of birth control were you using?

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Tubal ligation/Essure	--	1	5*	--	0	6*
Vasectomy**	--	1	5*	--	1	4
Rhythm method	2	2	3	8	5	6
Withdrawal	7	7	12*	6	9	12
Continuous breast-feeding	--	1	2	--	2	1
Birth control pill	64	59	54	59	57	49
Birth control patch	7	13	7*	5	4	3
Birth control implant	--	0	2	--	0	1
Birth control ring	1	4	8	0	3	6
Birth control shot	14	7	4	3	2	1
Diaphragm/shield/cap**	1	0	0	4	5	5
IUD	1	1	13*	0	0	10*
Condom	25	27	42*	19	29	35
Female condom	1	0	1	0	0	0
Sponge	--	0	0	--	3	1
Spermicidal foam or jelly**	3	1	2	5	5	4
Other	1	1	0*	6	1	0*

Note: Multiple responses allowed.

* Statistically significant difference between 2008 and 2010.

** Wording changed from 2005.

NPRST

Those who became pregnant while using birth control were asked what method they were using. Consistent with the most common birth control methods discussed previously, most women were using the pill or the male condom when they became pregnant, however the failure rates are not consistent with the effectiveness rates found in the literature (WHO, 2007).

Average Times to Pregnancy Milestones

Military treatment facilities (MTF) confirm pregnancies at 7 weeks, on average, and commands on average are notified about the same time. The first prenatal care for all women occurs at about the 9th week, on average.

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
MTF confirmed pregnancy	7 weeks	7 weeks	7 weeks	6 weeks	7 weeks	7 weeks
Command was notified	7 weeks	7 weeks	7 weeks	7 weeks	8 weeks	7 weeks
First prenatal care visit	9 weeks	9 weeks	9 weeks	9 weeks	9 weeks	9 weeks

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.



Enlisted and officer women are similar in the timing of pregnancy milestones. On average, women have the MTF confirm their pregnancy in the 7th week, and notify their command almost immediately, within the policy requirements. On average, the first prenatal care visit occurs in the 9th week.

Prenatal Medical Issues

About 2/3 of women completed the NAVMED forms, which has increased slightly since 2008. Most discuss breastfeeding and birth control at their prenatal visits.

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Completed NAVMED forms*	68	67	71	67	58	64
At prenatal visit, discussed breastfeeding	79	79	82	84	81	85
At prenatal visit, discussed birth control to use after pregnancy	77	78	80	80	76	81

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Don't know results not included in analyses.



There were no significant changes in responses across survey administrations on questions regarding prenatal medical issues. The majority complete the NAVMED forms and discuss both breastfeeding and post-pregnancy birth control.

Assigned Command when Became Pregnant

Most women were assigned to shore activities/commands when they became pregnant, although almost 1/4 of enlisted women are assigned to ships.

To what type of command were you assigned when you became pregnant?

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Ship	23	24	23	7	8	8
Deployable squadron	8	8	9	3	3	3
Other deployable unit	4	4	4	4	3	3
Non-deployable squadron	2	4	2	3	2	3
Shore activity or command, but not as a student	59	56	57	76	75	74
Navy funded school as a student	4	4	5	8	9	8

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

NPRST

Most women are assigned to shore activities/commands when they become pregnant, although this is more true of officers than enlisted. Almost 1/4 of enlisted women are assigned to a ship when they become pregnant. There were no significant differences across survey administrations.

Pregnancy While Assigned to Deployable Ship/Squadron/Unit

Of those who became pregnant while assigned to a ship, deployable squadron, or other deployable unit (34% of enlisted and 16% of officer women) during their most recent pregnancy, most were not deployed, were in pre-deployment workups, or had just returned from deployment.

Where was your ship in the operational cycle when you became pregnant?

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Deployed	10	12	10	10	9	8
Returned from deployment within the past 60 days	19	20	14	13	16	16
Not deployed; conducting local operations	40	38	39	39	42	39
In pre-deployment training and inspection cycle	20	25	24	19	20	15
In IA scheduled for less than six months	4	2	4	4	4	5
In IA scheduled for six months or longer	9	5	10*	11	5	13
In precommissioning crew	2	2	2	0	2	1

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
Includes only those on ship (deployable squadron) or other deployable unit when they became pregnant.
* Statistically significant difference between 2008 and 2010.

83

Women who were assigned to a ship or deployable squadron were asked where it was in the operational cycle. Most are not deployed and conducting local operations, or in pre-deployment IDTC or have just returned from a deployment. The only significant difference when compared to 2008 was in the percentage of enlisted women who were in an industrial availability for six months or longer, although the percentage is similar to what was found in 2005.

Transfers/Moves as a Result of Pregnancy

Most officer women continue to work in the same place while half of enlisted women work in the same place and 1/3 are transferred from sea to shore duty (based on their most recent pregnancy while in the Navy). Those who are transferred move at either the 15th (enlisted) or 17th (officer) week of pregnancy.

Were you (or are you scheduled to be) transferred or moved as a result of being pregnant?

	Enlisted					Officer				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
Orders to shore duty	6	10	6	6	6	6	13	6	5	5
Continued to work in same place	63	55	54	53	49	88	80	86	84	85
Transferred sea to shore duty	19	22	26	30	33	1	5	4	5	6
Transferred overseas to CONUS	2	2	3	1	1	0	1	1	1	1
Transferred squadron to air station	1	1	1	1	2	0	0	0	0	0
Transferred from work center to other work center	5	5	4	4	4	1	0	1	2	1
Transferred other	5	6	6	6	5	2	2	2	3	2

Note: Don't know option included in analyses.

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Statistically significant difference between 2008 and 2010.

84

Women were asked if they were moved as a result of being pregnant. Most officers (85%) and almost half of enlisted women (49%) continue to work in the same place. One-third of enlisted women are transferred from sea duty to shore duty. Compared to previous survey administrations, there were no significant differences.

Transfers/Moves Prior to 20th Week

OPNAVINST 6000.1C requires women to be moved off ship at the 20th week of pregnancy, and defines reasons for earlier transfers. Of those assigned to a ship (23% of enlisted and 8% of officer women in 2010), about 2 in 10 enlisted and 4 in 10 officer women remain until the 20th week. The most likely reason for them to be moved early would be because it is ship policy or (for enlisted) because of a heavy underway schedule/deployment.

If you were moved off the ship before the 20th week of your pregnancy, why did it happen?

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Not moved prior to 20th week	30	26	24	40	42	44
Medical reasons related to pregnancy	--	4	4	--	7	4
Medical reasons unrelated to pregnancy	--	1	0*	--	2	5
Ship had heavy underway schedule/deployment	21	28	24	18	17	7
Ship's policy to transfer before 20th week	20	17	21	22	9	17
Don't know	9	7	9	0	6	8
Other	18	17	19	20	17	15

Note: Results for female officers should be viewed with caution due to low numbers of respondents. Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Statistically significant difference between 2008 and 2010.

85

Women must be moved off ship at the 20th week of pregnancy, and may be moved earlier as covered in OPNAVINST 6000.1C. Respondents who were assigned to a ship were asked why they were moved before the 20th week. Twenty-four percent of enlisted and 44% of officer women were not moved. Another quarter of enlisted women were moved because the ship had a heavy underway schedule/deployment. Almost 1 in 5 women (both enlisted and officer) indicated they were moved because it was ship policy to move pregnant women before the 20th week.

Type of Work Done after Pregnancy Transfers/Moves

Some pregnancy-related moves are due to environmental hazards, forcing a move to another job as well as another location. Almost half of enlisted women (almost 1/4 of officer women) are transferred to admin or clerical work outside their rating/designator. Almost 1/3 of enlisted and over half of officer women continue to do their same job but in a different location. When asked if they were properly employed after they moved, 76% of enlisted and 80% of officers feel they were.

What type of work did you do while still pregnant after the move?

	Enlisted					Officer				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
Same as before, different location	33	31	26	27	31	50	34	43	40	65
Admin/clerical outside of rating/designator	43	46	49	48	46	31	38	27	28	24
Duty office/phone watch	6	7	5	7	3	0	5	2	4	6
Other	19	16	20	19	19	19	23	29	28	6

Note: Results for female officers should be viewed with caution due to low numbers of respondents.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
Only includes those who indicated they moved.



Possibly because officer women are more likely than enlisted women to plan their pregnancies, 2 in 3 officer women continue to work at their same type of work while pregnant compared to 1 in 3 enlisted women. Almost half of enlisted women do admin or clerical work outside their rating when they are pregnant. Results have remained fairly stable across survey administrations.

Reduced Work Hours During Pregnancy

Some women are medically required to reduce their work hours due to their pregnancy. About a quarter of enlisted women have reduced hours during their last trimester and about 1/4 of officer women reduce their hours during the last month. Over 1/3 of enlisted women and half of officer women did not reduce their work hours during their most recent pregnancy.

Before delivery, were your work hours reduced to less than 40 hours per week?

	Enlisted					Officer				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
Don't know, still pregnant	--	--	11	11	12	--	--	7	10	10
Hours weren't reduced	--	--	37	37	36	--	--	51	53	50
During 1st 3 months	3	3	1	3	3	1	1	1	1	1
During 2nd 3 months	6	6	6	7	7	4	5	4	4	5
During 7-8 months	25	25	26	27	26	18	12	17	15	14
During last month	23	23	22	22	23	37	25	24	21	23

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

87

Because some women are medically required to reduce their work hours, several questions were presented to assess when hours are reduced during pregnancy. One-third of enlisted and half of officer women do not have reduced hours. About 1/4 of enlisted women have reduced hours during their last trimester. Fourteen percent of officer women have reduced hours in months 7 and 8, while 23% have reduced hours in the last month of pregnancy.

DoD/VA Pregnancy Guideline Booklet

Respondents were asked when they received the DoD/VA Pregnancy Guideline booklet ("purple book"). More women than in 2008 have heard of it, with 1/3 of enlisted women and just under half of the officer women having never heard of it. Almost half of enlisted and 32% of officers receive it during an appointment during their first trimester.

Did you receive a "purple book", the DoD/VA Pregnancy Guideline booklet?

	Enlisted		Officer	
	2008	2010	2008	2010
Never heard of it	49	35*	54	46*
Yes, during first trimester clinic appointment	33	43*	26	32*
Yes, during second trimester clinic appointment	3	4	1	1
Yes, during third trimester clinic appointment	1	1	0	0
No	15	17	19	21

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Statistically significant difference between 2008 and 2010.



When asked if and when they received the DoD/VA Pregnancy Guideline booklet, about half of enlisted and one-third of officer women did receive it, usually during an appointment in the first trimester. One in three enlisted women and almost half of officer women had never heard of it, while about 1 in 5 women did not. There were significant differences in the percentage who had never heard of it and in those who received it in the first trimester, with more receiving it than in 2008.

Where was the Baby Delivered

The majority of women deliver their babies at military hospitals. About 4% deliver at other locations, including at home.

	Enlisted					Officer				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
Did not deliver	25	23	25	22	22	14	20	17	20	17
At a military hospital	60	62	60	59	62	63	62	62	56	59
At a civilian hospital	14	15	14	14	12	23	17	20	18	21
Other	2	1	1	5	4	1	1	1	5	3

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.



Most women deliver their babies at a military hospital.

Average Leave Used

Of those who indicated the amount of leave used after their most recent childbirth, the numbers have been slowly increasing. On average, enlisted women took 48 days total (officers, 50 days) after the birth of their most recent child.

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Convalescent leave	40 days	42 days	43 days	40 days	41 days	42 days
Annual leave	5 days	5 days	6 days	8 days	8 days	9 days
Total leave	43 days	48 days	48 days	47 days	49 days	50 days

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.



For an uncomplicated pregnancy, women usually use 42 days of convalescent leave. They may add on annual leave with approval of their Commanding Officer. On average, women do take additional days of leave in conjunction with their convalescent leave, totaling about 7 weeks.

Postpartum Medical Issues

Most women discussed breastfeeding and birth control with their medical providers after the birth of their most recent child. Fewer had discussions about depression and Shaken Baby Syndrome (fewer officers than enlisted), although the results are higher than in 2008.

Percent "Yes"

	Enlisted		Officer	
	2008	2010	2008	2010
At postpartum visit, discussed breastfeeding	91	94	92	94
At postpartum visit, discussed birth control methods	92	95*	92	94
At postpartum visit, discussed antenatal and/or postpartum depression	78	85*	67	78*
At postpartum visit, discussed Shaken Baby Syndrome prevention	77	84*	60	74*

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
Don't know results not included in analyses.

* Statistically significant difference between 2008 and 2010.

Most women discuss breastfeeding, birth control, postpartum depression, and Shaken Baby Syndrome with their medical providers at a postpartum visit. Percentages have increased since 2008 for postpartum depression and Shaken Baby Syndrome, and for enlisted women discussing birth control with their providers.

Transfers/Moves after Having the Baby

Those transferred because of pregnancy were asked if they returned to their pre-pregnancy unit. As in 2008, almost half of enlisted and 4 in 10 officer women stayed with the unit to which they were transferred. One quarter of enlisted and a third of officer women transfer to another shore duty command.

Did you return to the unit you were assigned to prior to your pregnancy?

	Enlisted				Officer			
	2003	2005	2008	2010	2003	2005	2008	2010
Transferred, but returned to my unit	9	10	8	8	12	5	11	7
Sent TAD, but returned to my unit	6	7	4	4	12	15	12	5
Stayed with the unit I was transferred to	40	39	49	51	31	35	41	40
Went to a different shore duty command	23	19	17	22	32	32	27	38
Went to a different ship or deployable unit	22	25	23	15*	13	13	9	11

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
Only includes those who indicated they had been transferred.
* Statistically significant difference between 2008 and 2010.

92

Women who were transferred due to their pregnancy were asked if they returned to their unit after they gave birth. The most common answer is that they stayed with the unit to which they were transferred, although almost one quarter of enlisted and 4 in 10 officer women transfer to a different shore command.

Opinions of Assignments after Pregnancy Transfers/Moves

Women transferred because of pregnancy who did not return to their original commands after childbirth were asked their opinions of their new assignments. Officer women are 3 times as likely to say it is equally enhancing as they are to say it is not as career enhancing as their previous assignment; enlisted women are almost evenly divided between the two options. About 1 in 5 Navy women say their new assignment is more career enhancing than their previous.

Did you consider this new assignment as career enhancing as your assignment before the pregnancy?

	Enlisted					Officer				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
New assignment equally career enhancing as previous assignment	40	44	39	40	40	60	51	61	54	59
New assignment not as career enhancing as previous assignment	34	27	39	39	44	19	31	20	29	20
New assignment more career enhancing as previous assignment	26	29	22	20	16	22	17	19	16	21

Note: Results for female officers should be viewed with caution due to low numbers of respondents.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
Only includes those who were moved and who did not return to their unit.

93

Those who did not return to their original commands after giving birth were asked their opinions of their new assignments. By a slim margin, enlisted women were more likely to feel the new assignment was not as career enhancing as their previous assignment than they were to feel that the two assignments were equal. By and large, officer women feel their new assignments are equally as career enhancing as their previous assignments. About 1 in 6 feel their new assignment is actually more career enhancing than their previous.

Treatment from Coworkers: *Enlisted*

Respondents were asked about the treatment they received from both coworkers and supervisors, both during their pregnancy and after giving birth. During pregnancy, enlisted women are most likely to be treated the same (42%), be treated with more concern (35%), or to be treated with less respect (22%). After giving birth, more than 2/3s say there is no difference in treatment.

Did you feel you were treated differently at work by your co-workers?

	Pregnancy			Motherhood		
	2005	2008	2010	2005	2008	2010
No difference	44	44	42	63	71	69
More concerned for my welfare	32	32	35	13	16	16
Avoided or ignored me	6	7	7	2	3	3
Treated me with less respect	20	21	22	8	10	11
Other positive treatment	4	5	4	2	2	2
Other negative treatment	10	12	10	4	5	4

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

94

Women were asked about treatment they received from both their coworkers and their supervisors, while pregnant and after having given birth. Respondents could select multiple answers since they may have had many different coworker responses. Results regarding their coworkers show that pregnant women are generally treated the same (42%) or with more concern (35%) than before they became pregnant. Almost 1 in 4 feel they were treated with less respect by their coworkers, 7% feel they were avoided or ignored, and 10% indicated they received some other negative treatment.

After giving birth, most enlisted women feel they are treated no differently.

Responses have remained fairly stable across survey administrations.

Treatment from Coworkers: *Officer*

Almost half of officer women saw no difference while pregnant in treatment from their co-workers; about 40% indicated co-workers were more concerned for their welfare. As compared to enlisted, fewer women officers indicated they were treated with less respect. After becoming mothers, almost 2/3s are not treated differently.

Did you feel you were treated differently at work by your co-workers?

	Pregnancy			Motherhood		
	2005	2008	2010	2005	2008	2010
No difference	50	50	47	65	71	62*
More concerned for my welfare	37	35	40	18	21	29*
Avoided or ignored me	3	3	3	1	2	3
Treated me with less respect	8	11	11	4	7	5
Other positive treatment	6	7	7	3	4	4
Other negative treatment	7	13	11	3	5	4

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Statistically significant difference between 2008 and 2010.

95

Officer women were less likely than enlisted women to receive negative treatment from their coworkers, both after becoming pregnant and after giving birth. In general, results are similar to 2008 results, with the exception of the first two items; a slightly smaller percentage of women feel there is no difference in their treatment after giving birth while a slightly greater percentage feel their coworkers are more concerned for their welfare after giving birth.

Treatment from Supervisors: *Enlisted*

About half of enlisted women felt no difference in treatment from their supervisors during their pregnancy, consistent with previous years; almost ¾ said the same after giving birth.

Did you feel you were treated differently at work by your supervisor?

	Pregnancy			Motherhood		
	2005	2008	2010	2005	2008	2010
No difference	45	48	48	65	73	71
More concerned for my welfare	30	31	33	11	13	15
Avoided or ignored me	8	6	6	2	3	2
Treated me with less respect	18	16	16	9	11	9
Other positive treatment	4	4	4	2	1	2
Other negative treatment	8	7	6	4	4	4

Note: Multiple responses allowed.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

96

About half of enlisted women feel no difference in treatment from their supervisors after becoming pregnant, while another third feel their supervisor becomes more concerned for their welfare. Almost 3 in 4 believe there is no difference in treatment from their supervisor after they have given birth.

Treatment from Supervisors: *Officer*

Over half of officer women experienced no difference in treatment from their supervisors while pregnant, with a third saying that their supervisor was more concerned for their welfare. Almost 2/3s said there was no difference in treatment after giving birth.

Did you feel you were treated differently at work by your supervisor?

	Pregnancy			Motherhood		
	2005	2008	2010	2005	2008	2010
No difference	56	56	54	65	73	65*
More concerned for my welfare	27	27	33	13	14	23*
Avoided or ignored me	3	3	3	2	3	3
Treated me with less respect	9	10	10	6	9	7
Other positive treatment	4	5	4	3	2	4
Other negative treatment	9	9	7	6	5	6

Note: Multiple responses allowed.

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Statistically significant difference between 2008 and 2010.

97

As with enlisted women, about half of officer women feel no difference in treatment from their supervisors after becoming pregnant while a third feel their supervisor is more concerned for their welfare. Some of that concern is still felt after giving birth, with almost one quarter of officers perceiving this change in treatment from their supervisors; nearly 2 in 3 indicate there is no difference in treatment.

Post-pregnancy PFA

Women are allowed a 6-month post-pregnancy waiver to physical fitness requirements. Respondents were asked about completion of the PFA after the waiver period; over 2/3 of enlisted and most officer women are able to meet both the body composition assessment and the physical fitness assessment requirements. Those who did not meet the body composition assessment were asked if they obtained a waiver from their command; 37% of enlisted women and 40% of officer women who did not pass the BCA said that they did receive a waiver.

Were you able to successfully complete your 6-month post-pregnancy PFA?

	Enlisted		Officer	
	2008	2010	2008	2010
Yes, both body composition assessment and physical fitness assessment	67	70	85	85
No, only met the body composition assessment portion	8	6	4	5
No, only met the physical fitness assessment portion	10	13	6	7
No, did not meet either body composition nor physical fitness assessment	15	12	4	4

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

98

Women receive waivers to physical fitness assessments (PFAs) while pregnant until 6 months after giving birth. When asked about completing the 6-month post-pregnancy PFA, responses from both enlisted and officer women have remained fairly stable across survey administrations; the majority are able to pass both the body composition assessment as well as the physical fitness assessment.

Over one third of those who did not pass the body composition assessment received a waiver from their command.

Breastfeeding

Almost all enlisted and officer women breastfed their most recent children, a finding that is clearly higher for enlisted women than when first asked in 2005. About 2/3s of those enlisted women and 86% of those officer women were still breastfeeding/pumping when they returned to duty. Of those who breastfed/pumped for at least a month, enlisted women plan for 9 months of breastfeeding but actually only did so for 6 months, on average. Officers plan for 10 months but actually breastfeed/pump for 8 months, on average.

	Percent "Yes"					
	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Breastfeed after birth	66	78	83*	83	89	90
Breastfeed/pump when returned to duty**	66	63	67	84	85	86

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Statistically significant difference between 2008 and 2010.

** Only includes those who ever breastfed/pumped.

NPRST



99

The U.S. Department of Health and Human Services recommends breastfeeding babies for the first 6 to 12 months of life (U.S. Department of Health and Human Services, 2012) and the Navy's Bureau of Medicine and Surgery has laid out Navy support for breastfeeding in BUMEDINST 6000.14 (BUMED, 2005). Women were asked if they had breastfed their babies at all, and, if so, if they were breastfeeding or pumping when they returned to duty. Most women do breastfeed their babies. Officer women are more likely than enlisted women to continue doing so until they return to duty or longer, while 2 in 3 enlisted women who start breastfeeding continue to do so at least until they return to duty.

On average, most plan for 9 (enlisted) or 10 (officer) months of breastfeeding, but tend to stop 2 to 3 months on average before they plan.

Breastfeeding Time

The majority of women were given time to pump or breastfeed when they need to, with about 1/3 allowed to do so during breaks or meals. About 10% indicated they were not given time.

Were you given time to pump or breastfeed?*

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Yes, during breaks/meals	32	29	27	39	37	36
Yes, when I needed to	50	55	62	47	52	56
No	18	16	11	14	11	8

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
* Only includes those who were breastfeeding/pumping when they returned to duty.

The majority of women are able to breastfeed or pump whenever they need to at work, with another third doing so during their breaks or meals. About 10% indicate they are not given time to breastfeed or pump at work.

Breastfeeding Location

2/3s of women are given a comfortable/secluded location to pump or breastfeed, usually with running water. Almost all indicate they are able to store their breastmilk in a cool location.

	Percent "Yes"***					
	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Given comfortable/secluded location	53	58	68*	63	62	69
Given location that had running water	--	72	68	--	70	73
Able to store breastmilk in cool location	--	81	88*	--	90	94

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Statistically significant difference between 2008 and 2010.

*** Only includes those who were breastfeeding/pumping when they returned to duty.



101

Policy lays out requirements for breastfeeding locations in the workplace. Respondents were asked three questions to describe their workplace breastfeeding/pumping location. Two out of three new mothers are able to use a comfortable/secluded location with running water. Nearly all have access to a location to store breast milk.

Conditions for enlisted women have improved slightly over previous years.

Work-related Reasons for Stopping Pumping/Breastfeeding

About half of women (47% of enlisted and 46% of officers) indicate they stopped breastfeeding because of work.

If you stopped breastfeeding before you planned because of work, what were your reasons?*

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Does not apply; did not stop because of work	36	52	53	50	54	54
Did not think supervisor would give me time	5	7	7	4	3	5
Supervisor said would not give me time	5	4	4	2	3	1
Time needed to be devoted to something else (lunch, working out, etc)	8	16	16	12	17	17
Co-workers wouldn't support pumping	3	7	5	2	3	3
Wasn't any place to pump in work area	13	16	12	10	9	12
Didn't have a pump	0	1	1	0	1	1
Couldn't store breast milk	9	8	5	4	3	2
Other	20	24	24	22	29	27

Note: Multiple responses allowed.

Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Only includes those who were breastfeeding/pumping when they returned to duty.

NPRST

Women who were breastfeeding when they returned to work were asked what work-related reasons led them to stop. Over half indicated that they did not stop for a work-related reason. Of the reasons provided, the largest percentage (about 1 in 6) did so because they needed the time for something else, and 1 in 8 felt there was no place to pump in their work area.

Maternity Outer Garment

Questions were added to the 2010 survey about maternity outer garments; all women (regardless of whether they had been pregnant) were asked these questions. Results below show that about half of officers (1/3 of enlisted) feel there are not enough maternity outer garment options; a slightly higher percentage believe the Navy should adopt a new maternity outer garment, costing between \$80 and \$100.

% "Yes"*

	Enlisted	Officer
	2010	2010
Do you feel the Navy currently offers a sufficient number of uniform options for maternity outer garments?	66%	48%
Do you feel the Navy should adopt a new maternity outer garment?	44%	61%
Would you be willing to pay out of pocket for a maternity outer garment?	33%	57%
\$80-\$100	84%	75%
\$100-\$120	12%	18%
\$120-\$140	3%	7%
Would you purchase a civilian maternity coat if authorized?	90%	93%

Note: * Does not include those who selected "Don't know" (between 11% and 20%, depending upon question).

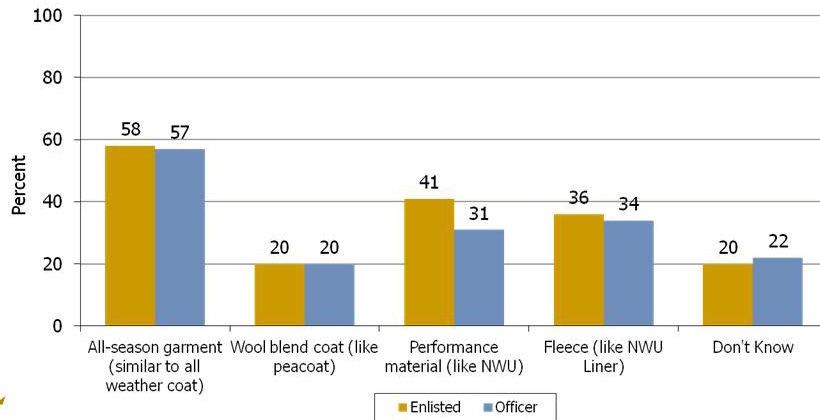
103

Navy uniforms have been modified in recent years (see, for example, CNP, 2012). Questions were added to the 2010 survey to assess attitudes about the maternity outer garment. All women were asked to respond to the questions, regardless of whether they had been pregnant.

About half of officers and 2/3 of enlisted women feel there are enough uniform options for maternity outer garments. Consistent with that, 2/3 of officers and about half of enlisted women believe the Navy should adopt a new maternity outer garment, preferably in the \$80-\$100 range in out-of-pocket costs. If this would not be possible, almost all women would like the ability to purchase a civilian coat.

Preferred Type of Maternity Outer Garment

Of those who feel the Navy should adopt a new maternity outer garment, the most popular kind is an all-season garment.



Note: Includes those who indicated the Navy should adopt a new maternity outer garment. Multiple responses allowed.

104

The majority of women would like an all-season maternity outer garment, and/or something out of performance material or fleece.

Pregnancy Summary (1 of 2)

- Point-in-time pregnancy rates are similar to 2005 rates
 - Rates up slightly for O4-O5
- As before, just over 1/3 of enlisted pregnancies and almost 3/4 of officer pregnancies are planned
- Few have orders to their next duty station when they become pregnant
- Of those assigned to a deployable unit, most are not deployed, are in workups, or have just returned from a deployment when they become pregnant

105

The key points from the pregnancy section are listed above. Point-in-time rates are similar to what had been found in 2005 (the last survey administered during the same time period of the year), although rates for O4-O5 women have increased slightly.

As found in previous administrations, officers are more likely to plan their pregnancies than enlisted women.

Few have orders to their next duty station.

Many women are on shore duty when they become pregnant, or (if assigned to a deployable unit) are not deployed, are in workups, or have just returned from a deployment when they become pregnant.

Pregnancy Summary (2 of 2)

- The majority of officer women continue to work where they are and are not transferred
 - Slightly more enlisted women are transferred from sea to shore than historical findings
- Average leave time for pregnancy for enlisted women is 48 days, 50 days for officers
- A higher percentage of women are breastfeeding (83% of enlisted and 90% of officers)
 - About 2/3 indicate they are given the time and location to do so at work



106

While some women must transfer from their work location for health or other reasons, the majority of officer women continue to work where they are. A slightly higher percentage of enlisted women are transferred from sea to shore than in the past.

While typical convalescent leave is 42 days after giving birth, the average amount of leave (convalescent and annual combined) is almost a week longer.

Navy women are breastfeeding their children at higher rates than previously found. About 2/3 of women who are breastfeeding when they return to work are given the time and location to do so.

Overall Summary (1 of 3)



- Overall, results similar to previous years
- Single parent rates are similar to previous results, with about 12,000 single Navy fathers and 6,000 single Navy mothers
- While FCP compliance continues to be less than 100%, most single parents and dual-military parents have some type of plan in case of being deployed
- Attitudes towards family planning are generally similar to previous results, although more enlisted personnel (men and women) than ever before indicate that birth control is the responsibility of the woman

107

Overall, results of the 2010 Pregnancy and Parenthood are similar to previous findings.

Single parenthood continues at rates previously seen, with about 12,000 single fathers and 6,000 single mothers currently serving in the Navy.

Family Care Plan compliance continues to be less than 100%, but most single parents and dual-military parents do have some type of plan in place for the care of their children should they be deployed.

Family planning attitudes are similar to previous findings, although more enlisted personnel than previously now indicate that birth control is the responsibility of the woman.

Overall Summary (2 of 3)

NPRST

- Most use birth control, predominantly the birth control pill and/or the condom
 - More indicate they do not use birth control because they do not want to
- Attitudes towards health care providers are similar to previous findings
- STI/STD training occurs at GMT for both genders, but birth control training is given by health care providers for women and at GMT for men
- Overall, point-in-time pregnancy rates are similar to previous results, while annual rates are closer to 2005 results

108

Most Navy personnel use some form of birth control, usually the pill and/or the condom. However, more than in previous years indicate they do not use birth control because they do not want to.

Attitudes towards health care providers regarding discussing and getting birth control remain stable.

GMT provides training regarding STIs/STDs for both men and women, as well as birth control for men. Women receive birth control training from their medical providers.

Point-in-time pregnancy rates are similar to previous results, while annual rates are most similar to the 2005 results, which was administered at almost the same time in the year.

Overall Summary (3 of 3)

- Few women have orders to their next duty station when they become pregnant, and those aboard deployable units are likely to be not deployed (just returned from a deployment) or in workups
- Enlisted women take, on average, 48 days of leave (convalescent and annual) after their pregnancies and officer women take 50 days



109

Few women have orders to their next duty station when they become pregnant, and those aboard a deployable ship or squadron are likely to not be deployed (or just returned) or in workups.

Leave time post-pregnancy is roughly 7 weeks.

Trend Summary (1 of 3)



- Rates of single parenthood and single parent custody for both men (currently 5%) and women (currently 15%) have been reasonably consistent since 1999
- Completion of the Family Care Plan has been consistent for women (currently almost 80%) and increasing for men (currently about 50%) since 2001
- When asked when in her Navy career a woman should become pregnant, about 20% indicate "whenever she wants", a drop for enlisted women but consistent for other groups since 1997

110

As the Pregnancy and Parenthood Survey has been administered for several years, many questions have been asked for at least 10 years. This and the next two slides provide trend summaries across those years.

Rates for single parents and for custody of children have been reasonably consistent since 1999.

Family Care Plan, while not 100%, is consistent since 2001 for women and improving for men.

Fewer enlisted women than before indicate that a woman should have a child whenever she wants.

Trend Summary (2 of 3)

NPRST



- Family planning attitudes are similar to findings since 2001
 - Slight increase (to 40%) in enlisted women indicating they would have sexual intercourse without birth control if partner wanted
 - Slight increases for all groups in indicating that birth control is the responsibility of the woman (ranging from 29% for officer men to 66% for officer women)
- About 2/3 of enlisted men and 3/4 of other groups usually use birth control, slightly lower for enlisted men but consistent for the others as compared to history since 1997
- Point-in-time and annual pregnancy rates consistent since 1992, with about 9% of enlisted women and 6% of officer women pregnant at any time

111

Family planning attitudes overall have remained stable since 2001. Slightly more now feel that birth control is the responsibility of the woman, and more enlisted women are indicating they would have sexual intercourse without birth control if their partner wanted.

The majority continue (since 1997) to use birth control, although slightly lower rates were found for enlisted men.

Pregnancy rates have generally remained consistent since 1992.

Trend Summary (3 of 3)

NPRST

- Rates of pregnancy planning similar to historical trends for both enlisted (currently 37%) and officer (currently 70%) women
- A smaller percentage of enlisted women continue to work in the same place (currently 49%) and more are transferred from sea to shore duty (currently 33%), as compared to 2001
- More officer women continue to do their same job in a different location when they are transferred (currently 65%) while rates for enlisted women have been consistent (currently 31%) since 2001

112

Planning a pregnancy has historically been true for over 1/3 of enlisted and over 2/3 of officer women.

Compared to 2001, enlisted women are more likely to transfer when they become pregnant, with about 33% now moving from sea to shore duty.

Officer women increasingly do their same job when they become pregnant while rates for enlisted women continue at about 31%, as compared to 2001.

Recommendations

- Publicize survey results
 - Publish Navy NewsStand article – “Debunking the Myths”
 - Provide press release to *Navy Times* and other media
 - Create MCPON PSAs
 - Include MCPON on future STRATCOM plans
 - Post to NPC Website
 - » Leverage the parent piece (i.e., Navy for Moms)
 - Provide follow-on briefings to ASN(M&RA), BUMED, and others as requested
- Research current training/education program efforts
- Provide briefing on Navy Pregnancy & Parenthood policies at officer and enlisted leadership courses

113

Final recommendations based on the survey results first focus on publicizing the results in a variety of ways. As mentioned here, creating news articles, press releases, and posting results on the NPC website would be one set of ways to release the results. Visually, public service announcements from the Master Chief Petty Officer of the Navy (MCPON) could be created about the survey in general or key topics. Additional briefings occurred as well to provide relevant results to other stakeholders.

The survey sponsor also embarked on researching training and education program efforts, including evaluating the possibility of including short training on relevant policies in officer and enlisted leadership courses.

References

- 2009 National Defense Authorization Act (S. 3001), 110th Congress, 2nd Session (2008).
- Chandra, A., Martinez, G.M., Mosher, W.D., Abma, J.C., Jones, J. (2005). Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. *Vital Health Statistics*, 23(25).
- Chief, Bureau of Medicine and Surgery. (May 9, 2005). *Support of Servicewomen with Breastfeeding Infants* (BUMEDINST 6000.14). Washington, DC: Author.
- Chief of Naval Operations (June 14, 2007). *Navy Guidelines Concerning Pregnancy and Parenthood* (OPNAV INSTRUCTION 6000.1C). Washington, DC: Author.
- Chief of Naval Operations (November 26, 2008). *Paternity Leave Implementation* (NAVADMIN 341/08). Washington, DC: Author.
- Chief of Naval Operations (October 27, 2009). *U. S. Navy Family Care Policy* (OPNAV INSTRUCTION 1740.4D). Washington, DC: Author.
- Chief of Naval Operations (August 30, 2010). *Navy Career Intermission Pilot Program Guidelines* (OPNAV INSTRUCTION 1330.2A). Washington, DC: Author.
- Chief of Naval Personnel Public Affairs. (2012). *Navy Announces New Uniform Components, Regulations* (NNS120518-21). Retrieved September 27, 2012 from http://www.navy.mil/submit/display.asp?story_id=67284.
- Chief of Naval Operations (July 11, 2011). *Sea Shore Flow (SSF) Enlisted Career Paths Revisions* (NAVADMIN 201/11). Washington, DC: Author.
- Creel, D., Jang, D., Kasprzyk, D., & Williams, T. (2002). *Permanent Random Number Technique to Minimize Response Burden in Repeated Surveys*. Presentation to the 2002 Joint Statistical Meetings, New York, NY. Also available online at: <http://www.amstat.org/sections/srms/Proceedings/y2002/Files/JSM2002-001081.pdf>.
- Commander, Navy Recruiting Command (January 2005). *Officer Navy Recruiting Manual* (COMNAVCRUITCOMINST 1131.2C). Millington, TN: Author.
- Commander, Navy Recruiting Command (May 2008). *Navy Recruiting Manual – Enlisted* (COMNAVCRUITCOMINST 1130.8H). Millington, TN: Author.
- Eisenberg, D. L., Secura, G. M., Madden, T. E., Allsworth, J. E., Zhao, Q., & Peipert, J. F. (2012). Knowledge of contraceptive effectiveness. *American Journal of Obstetrics and Gynecology*, 206(6):479.e1-9.
- Kavee, J. D. & Mason, R. D. (2001). *Status of the Armed Services Surveys Sample Planning Tool*. Arlington, VA: Defense Manpower Data Center.

- Livingston, G. & Cohn, D. (2010). *More Women Without Children*. Accessed September 28, 2012 from <http://pewresearch.org/pubs/1642/more-women-without-children> .
- Mayo Clinic. (Aug. 19, 2010). *Emergency Contraception: Understand the Options*. Retrieved August 22, 2011 from <http://www.mayoclinic.com/health/emergency-contraception/MYO1001> .
- Navy Personnel Command. (May 2011). *Navy Women Facts & Statistics*. Retrieved August 17, 2011 from <http://www.public.navy.mil/bupers-npc/organization/bupers/WomensPolicy/Pages/NavyWomenFactsStatistics.aspx> .
- Ohlsson, E. (1995). Coordination of samples using permanent random numbers. In B. Cox, D. Binder, B. Chinnappa, A. Christianson, M. Colledge, & P. Kott (Eds.), *Business Survey Methods* (pp. 153-169). New York, NY: John Wiley & Sons, Inc.
- Secretary of the Navy (February 6, 1995). *Department of the Navy (DON) Policy on Pregnancy* (SECNAV INSTRUCTION 1000.10). Washington, DC: Author.
- Secretary of the Navy. (1987). *Navy Study Group's Report on Progress of Women in the Navy*. Washington, DC: Author.
- Secretary of the Navy (December 1, 2009). *Periodic Health Assessment For Individual Medical Readiness* (SECNAV INSTRUCTION 6120.3 CH-1). Washington, DC: Author.
- Srinath, K. P., & Carpenter, R. M. (1995). Sampling methods for repeated business surveys. In B. Cox, D. Binder, B. Chinnappa, A. Christianson, M. Colledge, & P. Kott (Eds.), *Business Survey Methods* (pp. 171-183). New York, NY: John Wiley & Sons, Inc.
- Thomas, P. J., & Edwards, J. E. (1989). *Incidence of Pregnancy and Single Parenthood among Enlisted Personnel in the Navy* (NPRDC-TR-90-1). San Diego, CA: Navy Personnel Research and Development Center.
- Thomas, P. J., & Mottern, J. A. (2002). *Results of the 1999 Survey of Pregnancy and Single Parenthood in the Navy* (NPRST-TN-03-2). Millington, TN: Navy Personnel Research, Studies, and Technology Department.
- Thomas, P. J., & Uriell, Z. A. (1998). *Pregnancy and Single Parenthood in the Navy: Results of a 1997 Survey* (NPRDC-TR-98-6). San Diego, CA: Navy Personnel Research and Development Center.
- Uriell, Z. A. (2004). *Pregnancy and Parenthood: Results of the 2001 Survey* (NPRST-AB-04-3). Millington, TN: Navy Personnel Research, Studies, and Technology Department.

- Uriell, Z. A., & Burrell, L. (2007). *Results of the 2005 Pregnancy and Parenthood Survey* (NPRST-AB-07-5). Millington, TN: Navy Personnel Research, Studies, and Technology Department.
- Uriell, Z. A. & Burrell, L. (2009). *Pregnancy and Parenthood in the Navy: Results of the 2008 Survey* (NPRST-AB-09-3). Millington, TN: Navy Personnel Research, Studies, and Technology Department.
- Uriell, Z. A., & White, S. L. (2005). *Results of the 2003 Pregnancy and Parenthood Survey* (NPRST-AB-05-2). Millington, TN: Navy Personnel Research, Studies, and Technology Department.
- U. S. Census Bureau (2011). *Census Bureau Reports "Delayer Boom" as More Educated Women Have Children Later*. Retrieved September 26, 2012 from <http://www.census.gov/newsroom/releases/archives/fertility/cb11-83.html>.
- U.S. Department of Health and Human Services. (June 02, 2012). *Maternal, Infant, and Child Health*. Retrieved September 28, 2012 from <http://healthypeople.gov/2020/topicsobjectives2020/ebr.aspx?topicId=26> .
- Ventura, S. J.; Abma, J. C.; Mosher, W. D., & Henshaw, S. K. (2009). Estimated pregnancy rates for the United States, 1990-2005: An update. *National Vital Statistics Reports*, 58 (4).
- World Health Organization. (2007). *Family Planning: A Global Handbook For Providers*. Available at <http://www.fphandbook.org/> .

Appendix A:
Results of the 2010 Navy Pregnancy and Parenthood
Survey Executive Briefing

Results of the 2010 Navy Pregnancy and Parenthood Survey

Executive Briefing

10 May 2011, revised 27 May 2011

Ms Zannette A. Uriell & Dr. Paul Rosenfeld
Navy Personnel Research, Studies, & Technology
NPRST/BUPERS-1



The assistance of Evangeline Clewis and Greg McElyea is greatly appreciated.

2010 Navy Pregnancy and Parenthood Survey

Background

- Key metrics, such as rates of parenthood and pregnancy, are needed by Navy leaders to make good policy decisions
- Current databases may not accurately reflect or make readily available key statistics such as single parenthood, family planning attitudes, birth control practices, and pregnancy rates
 - Best source of this information has been the Navy Pregnancy and Parenthood Surveys, conducted since 1988 and sponsored by the Office of Women's Policy (N134W)
 - » Funding provided in 2010 by N14 at CNP's direction
- Survey satisfies requirements of SECNAVINST 1000.10 to collect objective data for use in evaluation of Department of Navy (DoN) pregnancy policies





Method

- Notification letter, including web address of survey and user ID, sent in September 2010; 3 reminder letters sent before field closed in late November 2010
- Permanent Random Number (PRN) used to sample in order to minimize overlap with other large-scale, Navy-wide surveys

	Women	Men
Sent	14,365	9,878
Accessed	3,401	1,897
Useable	3,347	1,847
Return-to-Sender	1,408	1,108
Weighted Response Rate	27%	24%

Note: Response rates similar to recent Navy-wide web-based survey response rates. The AC response rate on the 2010 Navy Total Force Survey was 24%.

Overall Margins of Error		
	Women	Men
Enlisted	+/- 2.4%	+/- 4.0%
Officer	+/- 2.6%	+/- 3.8%

Responses statistically weighted to be representative of the Navy population.

3

2010 Navy Pregnancy and Parenthood Survey



Key Findings

- Results generally similar to previous findings
- Few women have orders to their next duty station when they become pregnant
- Large difference in pregnancy planning between enlisted and officer women
- As in 2008, there are about 6,000 single Navy mothers and 12,000 single Navy fathers
- About half of enlisted women indicate that their sea/shore rotation is good for family planning
- The most common methods of birth control continues to be the pill and the male condom

4

Trend Summary (1 of 2)

NPRST



- Point-in-time and annual pregnancy rates consistent since 1992, with about 9% of enlisted women and 6% of officer women pregnant at any time
- Rates of pregnancy planning similar to historical trends for both enlisted (currently 37%) and officer (currently 70%) women
- Rates of single parenthood and single parent custody for both men (currently 5%) and women (currently 15%) have been reasonably consistent since 1999
- Completion of the Family Care Plan has been consistent for women (currently almost 80%) and increasing for men (currently about 50%) since 2001

5

Trend Summary (2 of 2)

NPRST



- Family planning attitudes are similar to findings since 2001
 - Slight increase (to 40%) in enlisted women indicating they would have sexual intercourse without birth control if partner wanted
 - Slight increases for all groups in indicating that birth control is the responsibility of the woman (ranging from 29% for officer men to 66% for officer women)
- About 2/3 of enlisted men and 3/4 of other groups usually use birth control, slightly lower for enlisted men but consistent for the others as compared to history since 1997

6

Pregnancy Summary

- Point-in-time pregnancy rates are similar to 2005 rates
 - Rates up slightly for 04-05
- As before, just over 1/3 of enlisted pregnancies compared to 3/4 of officer pregnancies are planned
- Few have orders to their next duty station when they become pregnant
- Of those assigned to a deployable unit, most are not deployed, are in workups, or have just returned from a deployment when they become pregnant

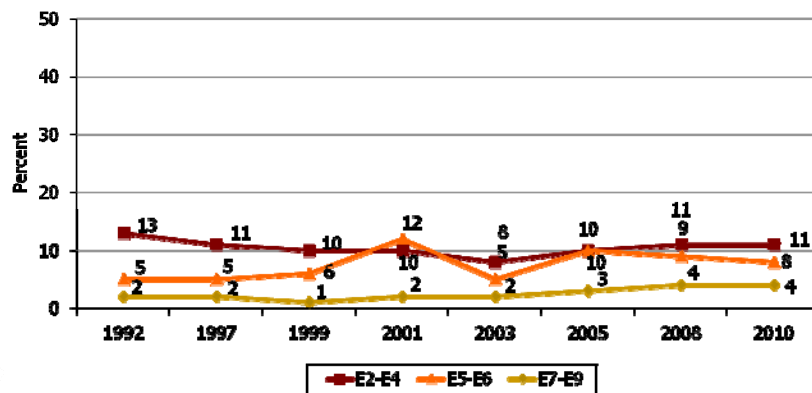
NPRST



7

Point-in-Time Enlisted Pregnancy Rates

Women were asked if they are currently pregnant, allowing for a point-in-time (snapshot) rate of pregnancy in the Navy. Results are generally similar to the historical results. The overall enlisted point-in-time rate is 9.3%.

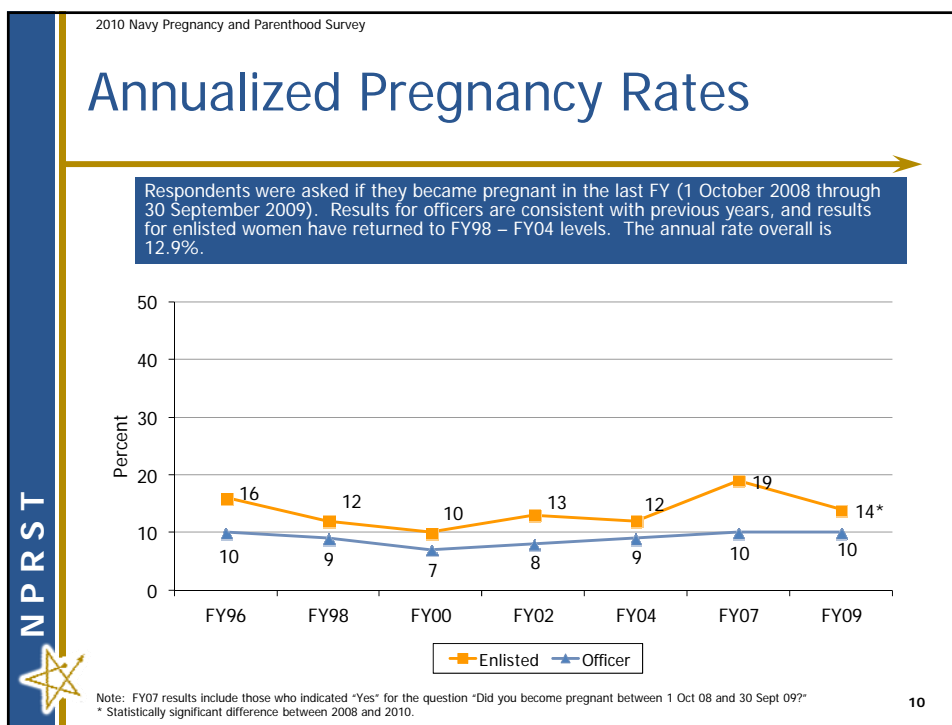
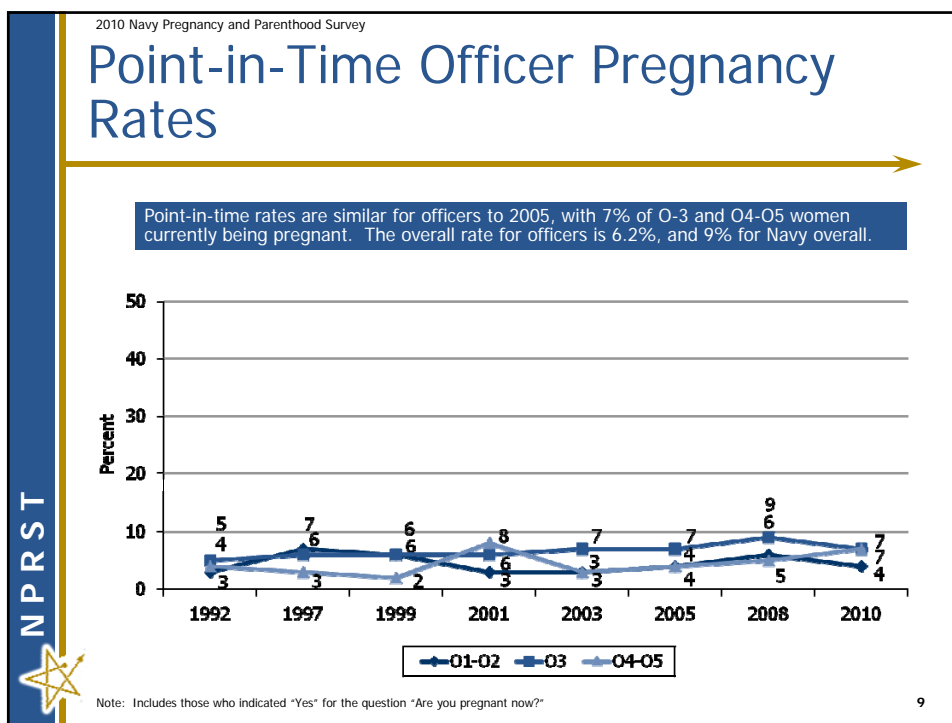


Note: Includes those who indicated "Yes" for the question "Are you pregnant now?"

8

NPRST





General Pregnancy Questions: *Enlisted*

Enlisted women who had ever been pregnant while in the Navy were asked follow-on questions. Results continue to be similar across years, with about 1/3 of enlisted pregnancies being planned and 70% of the fathers of their children being in the military. Seventeen percent indicate they had orders to their next duty station. Five percent of those not attached to a deployable unit at the time of the pregnancy had orders to one.

	Enlisted						
	1997	1999	2001	2003	2005	2008	2010
Was this pregnancy planned?	35	40	36	35	36	36	37
Were you using birth control?	21	27	30	32	29	31	34
Was IVF used?	---	---	---	---	---	---	1
Was the father in the military?	72	71	73	75	73	70	70
Moved due to pregnancy	33	37	31	35	40	42	45
Orders to next duty station?	---	---	---	---	---	---	17
Orders to ship or deployable squadron? ^{**}	17	9	8	11	12	14	5*

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Statistically significant difference between 2008 and 2010.

** Includes only those currently not on ship/deployable squadron/other deployable unit.

11

General Pregnancy Questions: *Officer*

As in the past, findings for officer women are very different from enlisted women; women officers are more likely to plan their pregnancies so are less likely to be using birth control, and are less likely to be moved due to their pregnancy. As with enlisted, 17% had orders to their next duty station. Of those not attached to a deployable unit, only 1% had orders to a ship or deployable squadron when they became pregnant.

	Officer						
	1997	1999	2001	2003	2005	2008	2010
Was this pregnancy planned?	77	79	72	72	70	69	70
Were you using birth control?	8	9	12	15	13	15	15
Was IVF used?	---	---	---	---	---	---	4
Was the father in the military?	51	39	51	47	49	52	54
Moved due to pregnancy	7	15	5	7	8	11	10
Orders to next duty station?	---	---	---	---	---	---	17
Orders to ship or deployable squadron*	4	1	3	4	3	2	1

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

* Includes only those not currently on ship/deployable squadron/other deployable unit.

12

Assigned Command when Became Pregnant

Most women were assigned to shore activities/commands when they became pregnant, although almost ¼ of enlisted women are assigned to ships.

To what type of command were you assigned when you became pregnant?

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Ship	23	24	23	7	8	8
Deployable squadron	8	8	9	3	3	3
Other deployable unit	4	4	4	4	3	3
Non-deployable squadron	2	4	2	3	2	3
Shore activity or command, but not as a student	59	56	57	76	75	74
Navy funded school as a student	4	4	5	8	9	8

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

NPRST



13

Transfers/Moves as a Result of Pregnancy

Most officer women continue to work in the same place while half of enlisted women work in the same place and 1/3 are transferred from sea to shore duty (based on their most recent pregnancy while in the Navy). Those who are transferred move at either the 15th (enlisted) or 17th (officer) week of pregnancy.

Were you (or are you scheduled to be) transferred or moved as a result of being pregnant?

	Enlisted					Officer				
	2001	2003	2005	2008	2010	2001	2003	2005	2008	2010
Orders to shore duty	6	10	6	6	6	6	13	6	5	5
Continued to work in same place	63	55	54	53	49	88	80	86	84	85
Transferred sea to shore duty	19	22	26	30	33	1	5	4	5	6
Transferred overseas to CONUS	2	2	3	1	1	0	1	1	1	1
Transferred squadron to air station	1	1	1	1	2	0	0	0	0	0
Transferred from work center to other work center	5	5	4	4	4	1	0	1	2	1
Transferred other	5	6	6	6	5	2	2	2	3	2

Note: Don't know option included in analyses.
Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.

NPRST



14

Breastfeeding

Almost all enlisted and officer women breastfed their most recent children, a finding that is higher for enlisted women than when first asked in 2005. About 2/3s of those enlisted women and 86% of those officer women were still breastfeeding/pumping when they returned to duty. Of those who breastfed/pumped for at least a month, enlisted women plan for 9 months of breastfeeding but actually only did so for 6 months, on average. Officers plan for 10 months but actually breastfeed/pump for 8 months, on average. The majority of women were given time to pump or breastfeed when they need to, with about 1/3 allowed to do so during breaks or meals. About 10% indicated they were not given time.

	Enlisted			Officer		
	2005	2008	2010	2005	2008	2010
Yes, breastfed after birth	66	78	83*	83	89	90
Yes, breastfed/pumped when returned to duty**	66	63	67	84	85	86

Were you given time to pump or breastfeed?***

Yes, during breaks/meals	32	29	27	39	37	36
Yes, when I needed to	50	55	62	47	52	56
No	18	16	11	14	11	8

Note: Results shown for the most recent pregnancy of those who were ever pregnant while in the Navy.
 * Statistically significant difference between 2008 and 2010.
 ** Only includes those who ever breastfed/pumped.
 *** Only includes those who were breastfeeding/pumping when they returned to duty.

15

Maternity Outer Garment

Questions were added to the 2010 survey about maternity outer garments; all women (regardless of whether they had been pregnant) were asked these questions. Results below show that about half of officers (1/3 of enlisted) feel there are not enough maternity outer garment options; a slightly higher percentage believe the Navy should adopt a new maternity outer garment, costing between \$80 and \$100.

% "Yes"*

	Enlisted	Officer
	2010	2010
Do you feel the Navy currently offers a sufficient number of uniform options for maternity outer garments?	66%	48%
Do you feel the Navy should adopt a new maternity outer garment?	44%	61%
Would you be willing to pay out of pocket for a maternity outer garment?	33%	57%
\$80-\$100	84%	75%
\$100-\$120	12%	18%
\$120-\$140	3%	7%
Would you purchase a civilian maternity coat if authorized?	90%	93%

Note: * Does not include those who selected "Don't know" (between 11% and 20%, depending upon question).

16

Parenthood Summary

- Percentage estimates of single parents are similar to 2005 and 2008 results
 - Women are more likely to be non-parents or single parents than men
- The most common way that enlisted women become single parents is because they are unmarried when their child is born, while enlisted men and officers are more likely to become single parents through divorce
- Family Care Plan compliance continues less than 100%, although most who have not completed the formal plan have some undocumented plan in place

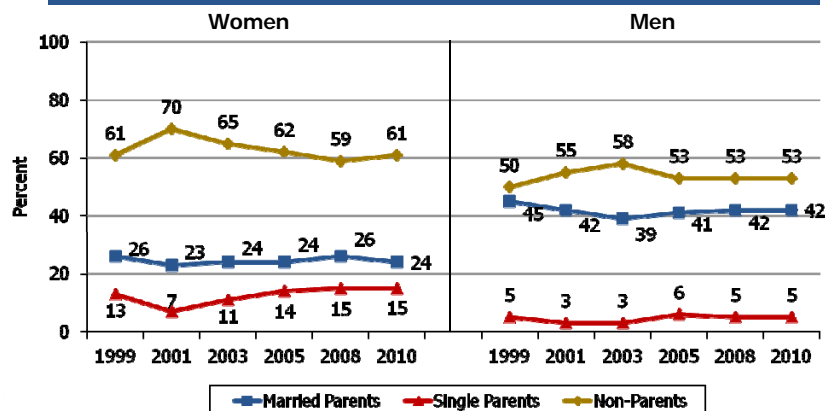
NPRST



17

General Parenthood Results

Rates of single parenthood are similar to 2008, with estimated numbers of approximately 6,406 single mothers and 12,399 single fathers based upon Navy population numbers at the time of survey administration. While there are more single fathers than mothers, women have a higher rate of single parenthood than men.



Note: In 2010, percentages equate to about 6,406 female single parents and 12,399 male single parents.

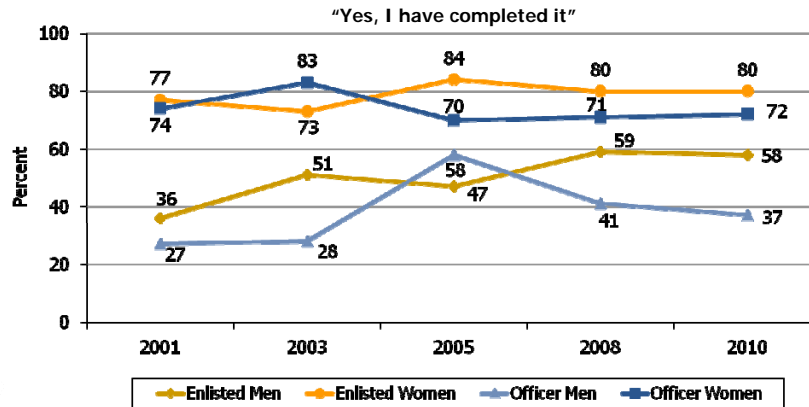
18

NPRST



Family Care Plan Compliance if Children under 19 Years

Single parents and dual-military parents are required to complete a Family Care Plan (OPNAVINST 1740.4D) if they have children under 19 years of age. Findings are similar to 2008 for all groups. Percentages for men are lower and tend to fluctuate more than the percentages for women because few are required to complete the form.



Note: Results for males should be viewed with caution due to low numbers of respondents.

19

Attitudes Towards Family Planning and Birth Control Summary (1 of 2)

- Family planning attitudes are generally comparable to previous results
 - Slightly fewer believe a woman should have a child "Whenever she wants"
 - More enlisted personnel believe that birth control is the responsibility of the woman
- Almost half of enlisted women indicate that their sea/shore rotation is good for family planning
 - About 20% indicate that they do not know
- CIPP, as discussed on the survey, has little impact on motivation to stay in the Navy

20

Attitudes Towards Family Planning and Birth Control Summary (2 of 2)

NPRST



- Birth control usage similar to previous years
- Slight increase in the percentage not using birth control because they do not want to
- Birth control pill and male condom remain most used form of birth control
- Trend increasing for percentage who incorrectly believe that condoms are as effective as the pill
- Knowledge of emergency contraception has increased dramatically; almost no one uses emergency contraception as their primary birth control

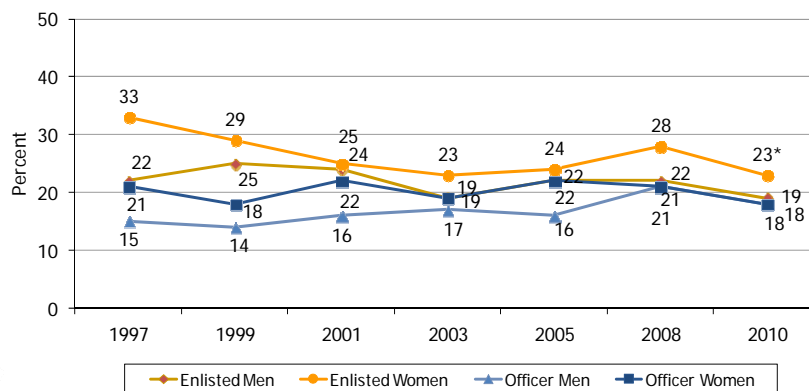
21

A Navy Woman Should Become Pregnant Whenever She Wants

NPRST



Respondents were asked when in her Navy career a woman should become pregnant. Results below show that about 20% of the Navy believes a woman should have a child "whenever she wants", slightly lower than in 2008 but generally similar to previous results.



* Statistically significant difference between 2008 and 2010.

22

Post-Partum Operational Deferment Changes

Respondents were given a brief description of the current post-partum operational deferment policy and asked about potential changes to the policy. The majority recommended leaving the policy as it is, although over ¼ of women recommended increasing the deferment length.

If the policy were changed, how do you think it should be changed?

	Enlisted		Officer	
	Women	Men	Women	Men
	2010	2010	2010	2010
Shorten the policy to 6 months or less	3	13	4	15
Leave the policy as is	60	58	60	64
Increase the operational deferment time	27	14	28	8
Allow 6 months operational deferment for those with less than 5 years of service, 12 months for members with over 5 years	10	16	9	13

23

Post-Partum Operational Deferment for Fathers

While post-partum operational deferment is currently only available to mothers, respondents were asked the impact of changing the policy to allow mothers to transfer some or all of the deferment to their child's father. Results are nearly consistent across groups, with over ¼ indicating such a change would motivate them to remain in the Navy.

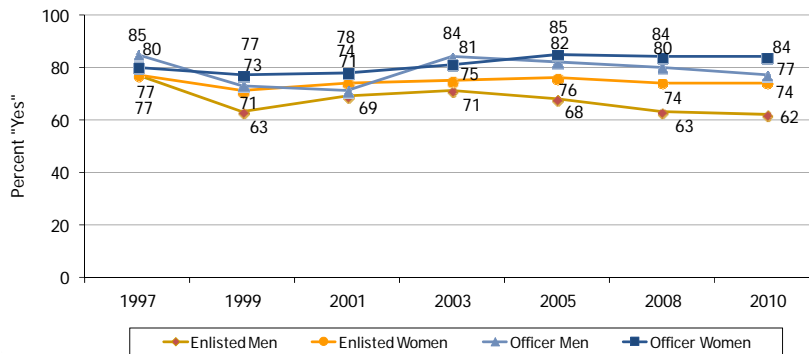
How would having the ability to transfer all or some portion of the deferment from the mother to the military father impact your desire to stay in the Navy?

	Enlisted		Officer	
	Women	Men	Women	Men
	2010	2010	2010	2010
It motivates me to remain in the Navy	28	29	28	30
It has no impact on my motivation to remain in the Navy	68	65	70	65
It motivates me to leave the Navy	4	6	3	5

24

I or My Partner Usually Use Birth Control

About ¾ of all groups (only 62% of enlisted men) usually use birth control, similar to historical results.



Note: Sterilization was calculated into the 1997 numbers based upon answers to a separate question; this was not done in 1999 nor 2001. Sterilization was part of the question in 2003 and 2005. Hysterectomy was included in a separate question, and was calculated into 2008 and 2010 to be consistent with 2003 and 2005.

25

Reasons for Not Using Birth Control: *Enlisted*

The most common reason for enlisted women to not use birth control is that they are pregnant or are trying to become pregnant (similar results across enlisted paygroups-SEE BACKUP SLIDE); for enlisted men, it is because they do not want to.

Why don't you use birth control?

	Women			Men		
	2005	2008	2010	2005	2008	2010
Do not have sex	19	19	20	19	14	16
Not fertile	6	3	5	6	5	4
Religion or personal beliefs do not permit	3	4	5	6	3	5
Do not want to	16	18	22	20	17	29*
Not comfortable discussing or getting **	---	---	3	---	---	5
Pregnant or trying to get pregnant	31	32	31	17	20	24
Other	23	23	14*	29	39	17*

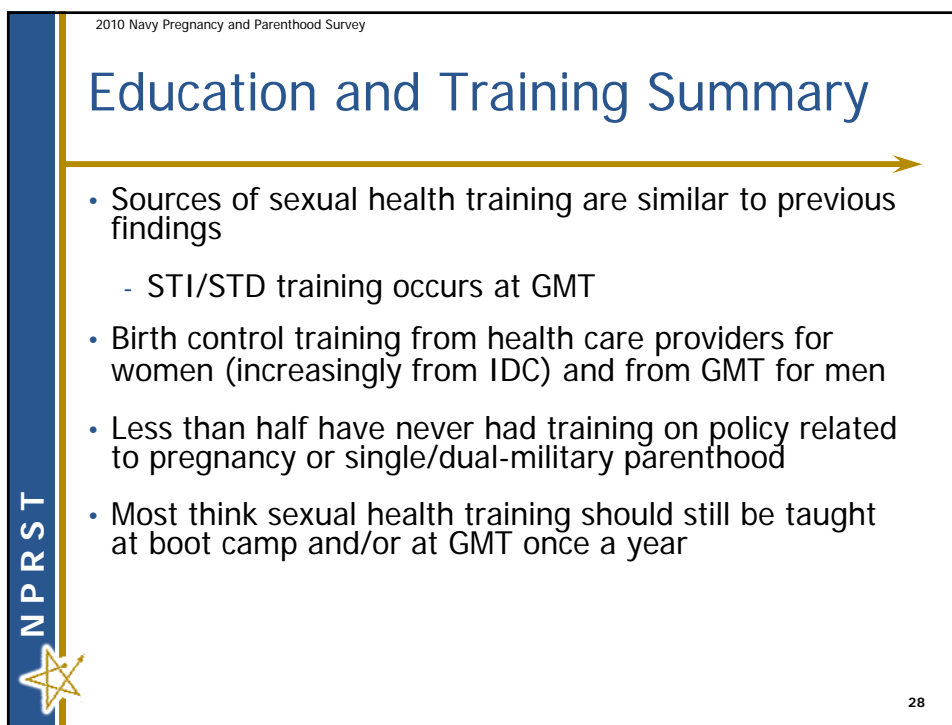
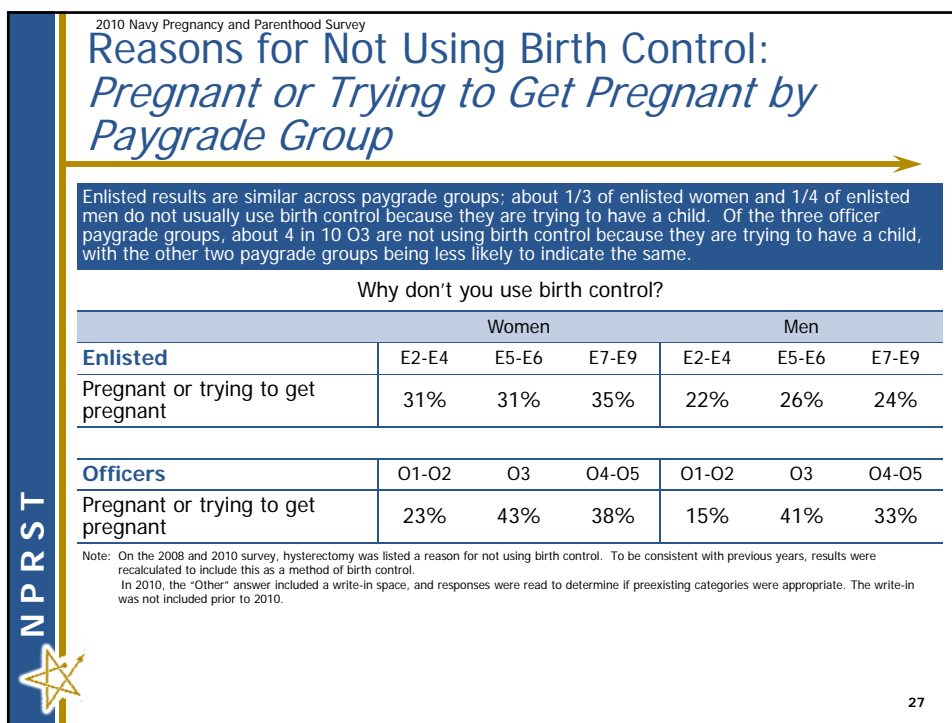
Note: On the 2008 and 2010 survey, hysterectomy was listed as a reason for not using birth control. To be consistent with previous years, results were recalculated to include this as a method of birth control.

In 2010, the "Other" answer included a write-in space, and responses were read to determine if preexisting categories were appropriate. The write-in was not included prior to 2010.

* Statistically significant difference between 2008 and 2010.

** On the 2010 survey, two answers choices were combined into one so are not directly comparable to previous years.

26



Recommendations

- Publicize survey results
 - Publish Navy NewsStand article – “Debunking the Myths”
 - Provide press release to *Navy Times* and other media
 - Create MCPON PSAs
 - Include MCPON on future STRATCOM plans
 - Post to NPC Website
 - » Leverage the parent piece (i.e., Navy for Moms)
 - Provide follow-on briefings to ASN(M&RA), BUMED, and others as requested
- Research current training/education program efforts
- Provide briefing on Navy Pregnancy & Parenthood policies at officer and enlisted leadership courses

NPRST



Appendix B: Survey Instrument

Chief of Naval Personnel

Washington, DC

2010 Pregnancy and Parenthood Survey (Combined version)



Administered on Web

Dear Survey Participant,

You are one of a select group of Sailors who have been picked to complete the 2010 Pregnancy and Parenthood Survey. Although you may not have children, please provide feedback because these issues can have an impact on all Sailors.

Participation is voluntary, but remember YOUR feedback is important in providing an accurate picture of these issues. There are some personal questions included in this survey. Be assured that the information you give will not be attributed to you personally, nor will anything you say have a direct impact on your Navy career. Only numerical results will be provided.

Informed Consent and Privacy Act Statement

You are being invited to take part in a research study titled 2010 Pregnancy and Parenthood Survey, conducted by the Navy Personnel Research, Studies, and Technology (NPRST) division of the Bureau of Naval Personnel. Your decision to take part is voluntary and you may refuse to take part, or choose to stop taking part, at any time. A decision not to take part, or to stop being a part of the research project will not negatively impact you in any way.

Public Law 93-579, called the Privacy Act of 1974, requires that you be informed of the purpose of this survey and of the uses to be made of the information collected. Authority to request this information is granted under 10 U.S.C. 5031 and 5032, and 5 U.S.C. 301: Executive Order 9397. License to administer this survey is granted per OPNAVINST 5300.8C under OPNAV Report Control Symbol 6300-1, which expires 13 Jul 2013.

PURPOSE/ROUTINE USES: The purpose of this questionnaire is to collect data to evaluate existing and proposed Navy personnel policies, procedures, and programs. The information provided in this questionnaire will be analyzed by NPRST. The data files will be maintained by NPRST where they may be used for determining changing trends in the Navy. The dataset may be used in future research. Datasets without any identifying information may be analyzed by researchers outside of NPRST.

PARTICIPATION: Completion of this questionnaire is entirely voluntary. Failure to respond to any of the questions will NOT result in any penalties except possible lack of representation of your views in the final results and outcomes. You may discontinue participation at any time without penalty. There is no direct benefit from being in this study; however, taking part may help improve Navy policies, programs, and/or procedures for Navy personnel in the future.

RISK(S): The only risk to you is inappropriate disclosure of data you provide. However, NPRST has a number of procedures in place to ensure that the data collected is safe and protected.

CONFIDENTIALITY: All responses will be held in confidence by NPRST. Information you provide will be statistically summarized with the responses of others, and will not be attributable to any single individual. Datasets without any identifying information may be analyzed by researchers outside of NPRST. The information provided will not become part of your official military record and will not affect your career or benefits in any way. Survey comments without any identifying information may be read by authorized personnel outside of NPRST.

QUESTIONS: If you have any questions about this research study, please contact the Project Director at DSN 882-4641 or COM (901) 874-4641. If you have any questions regarding Human Subjects issues, please contact the NPRST Protection of Human Subjects Committee, DSN 882-4994, COM (901) 874-4994, or email nprstirb@navy.mil.

NPRST PHS STATEMENT: This study, NPRST-2010-0018-F has been reviewed by the Navy Personnel Research, Studies, and Technology Division's Protection of Human Subjects (PHS) Committee of the Bureau of Naval Personnel. For any questions about research subject's rights, call the NPRST PHS at (901) 874-4994, email nprstirb@navy.mil.

BACKGROUND

1. Do you voluntarily agree to participate in this study?

- ☐ Yes (Survey forwards to next survey question)
- ☐ No (Survey automatically forwards participant to thank you page)

2. What is your gender?

- ☐ Male
- ☐ Female

3. What is your age?

____ years

The next two questions are based on the standard Navy and DoD race and ethnicity categories/questions.

4. Are you of Spanish/Hispanic/Latino origin?

- ☐ Yes
- ☐ No

5. What is your racial background? If you are of mixed heritage, please select the response(s) with which you MOST closely identify. (Mark ALL that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)
- ☐ Black or African-American
- ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, Chamorro, etc.)
- ☐ White

6. What is your current marital status?

- ☐ Single, never married
- ☐ Divorced, separated, or widowed
- ☐ Married to Navy service member
- ☐ Married to member of another military service or Coast Guard
- ☐ Married to a civilian

7. To what type of ship/activity are you currently assigned?

- ☐ Afloat staff
- ☐ Aircraft Carrier
- ☐ Amphibious craft (i.e., LCAC, etc.)
- ☐ Amphibious ship (i.e., LSD, LST, LHD, LHA, etc.)
- ☐ Aviation Squadron/Detachment (sea deployed)
- ☐ Aviation Squadron/Detachment (shore deployed)
- ☐ Cruiser/Destroyer/Frigate/LCS
- ☐ Minecraft
- ☐ Reserve Unit
- ☐ Service Force ship (i.e., USNS, auxiliaries, etc.)
- ☐ Shore based deployable unit (i.e., Seabees, EOD, etc.)
- ☐ Shore or Staff Command
- ☐ Special Warfare Unit
- ☐ Submarine
- ☐ Tender/Repair ship
- ☐ Training Command
- ☐ Other

8. What are your current Navy career plans?

- ☐ Probably will leave at the end of this enlistment/obligation
- ☐ Probably will sign on again, but not stay until eligible to retire
- ☐ Probably will stay until eligible to retire
- ☐ Eligible to retire now, but will remain on active duty
- ☐ Undecided

9. What is your paygrade/rank?

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> E1 | <input type="radio"/> W2 | <input type="radio"/> O1/O1E |
| <input type="radio"/> E2 | <input type="radio"/> W3 | <input type="radio"/> O2/O2E |
| <input type="radio"/> E3 | <input type="radio"/> W4 | <input type="radio"/> O3/O3E |
| <input type="radio"/> E4 | <input type="radio"/> W5 | <input type="radio"/> O4 |
| <input type="radio"/> E5 | | <input type="radio"/> O5 |
| <input type="radio"/> E6 | | <input type="radio"/> O6 |
| <input type="radio"/> E7 | | <input type="radio"/> O7 or above |
| <input type="radio"/> E8 | | |
| <input type="radio"/> E9 | | |

10. What is your officer designator? (ENLISTED WILL SKIP)

11. If you are rated or a designated striker, what is your general rating? (OFFICERS WILL SKIP)

- ☐ Does not apply. I am a GenDet/not rated/not a designated striker.

I am:

- ☐ SN
☐ AN
☐ FN
☐ CN

_____ Rating

PARENTHOOD

12. Have you ever been a parent while in the Navy?

- ☐ Yes
☐ No (skip to question 24)

13. When you entered the Navy, were you:

- ☐ Married, with child(ren)
☐ Married without child(ren)
☐ Single, no child(ren)
☐ Single parent with custody of child(ren)
☐ Single parent without custody of child(ren)
↓

13a. Did you get custody back within 6 months of entering the Navy?

- ☐ Yes
☐ No

14. How many children under the age of 21 currently live in your household? (Please include children for whom you have joint custody.)

0 Does not apply, I have no children under the age of 21 currently living in my household

	No Children	1 Child	2 Children	3 Children	4 Children	5 or more Children
a. Under 1 year	0	0	0	0	0	0
b. 1 year to 4 years 11 months	0	0	0	0	0	0
c. 5 years to 11 years 11 months	0	0	0	0	0	0
d. 12 years to 14 years 11 months	0	0	0	0	0	0
e. 15 years to 18 years 11 months	0	0	0	0	0	0
f. 19 years to 20 years 11 months	0	0	0	0	0	0

15. Who usually cares for your child(ren) when you are deployed or on an unaccompanied tour?

- ☐ I have never been deployed or on an unaccompanied tour (skip to question 17)
☐ Their other parent (natural or step-parent) cares for them
☐ A grandparent or other relative cares for them
☐ Someone who is not a relative cares for them

16. When you are deployed or on an unaccompanied tour, does your child(ren) have to temporarily move into a home other than their own?

- ☐ Yes
☐ No

17. Are you currently a single parent of a child(ren) under the age of 21?

- ☐ No (skip to question 20)
- ☐ Yes, with custody of my child(ren)
- ☐ Yes, with joint custody of my child(ren)
- ☐ Yes, but I don't have custody or joint custody of my child(ren)

18. Do you financially support or contribute to the financial support of your child(ren)?

- ☐ Yes
- ☐ No

19. How did you become a single parent?

- ☐ Divorce
- ☐ Unmarried when child was born
- ☐ Adoption
- ☐ Death of spouse
- ☐ Other

Formal documentation of a servicemember's Family Care Plan (FCP) is required under the following conditions: (a) a servicemember with primary or shared physical custody of a minor child who is not married to the other natural or adoptive parent of the minor child; or (b) both members of a married dual military couple where one or both have primary or shared physical custody of a minor child. In the FCP, parents state who will be responsible for their child(ren) if/when the parent is deployed; mobilized; becomes an Individual Augmentee (IA); is sent TAD; assigned to an unaccompanied tour or otherwise unavailable (e.g., special working hours).

20. Since arriving at your current command, have you completed a Family Care Plan?

- ☐ No, because I am not a single parent nor a military-married-to-military parent, or I do not have joint custody of my child (skip to question 24)
- ☐ No, because I have not been here 60 days yet
- ☐ No, I have not been told to complete the form
- ☐ No, but I have been told to complete the form
- ☐ Yes, I have completed it (skip to question 22)

21. If you have not completed the Family Care Plan as required, do you have some undocumented plan in place, such as a verbal agreement with family or friends should you need to leave your child?

- ☐ Yes
- ☐ No

22. When was the last time you contacted the caregiver to confirm your plans?

- ☐ Within the last 2 months
- ☐ Between 3 and 6 months
- ☐ Between 7 months and 1 year
- ☐ More than 1 year ago

23. Could you execute your Family Care Plan (documented or undocumented) if you:

	Yes	No
a. Deployed tomorrow for an unspecified length of time?	0	0
b. Deployed next week for an unspecified length of time?	0	0
c. Deployed next month for an unspecified length of time?	0	0

FAMILY PLANNING ATTITUDES

24. When in her Navy career is the best time for a woman to become pregnant?

- ☐ Never; being in the Navy and motherhood are not compatible
- ☐ Whenever the woman wants a child
- ☐ After her first operational tour
- ☐ During shore duty, but not after getting orders to sea duty
- ☐ While on sea duty
- ☐ After receiving orders to shore duty, if the ship/squadron is not deploying

25. My current sea/shore rotation is adequate for family planning.

- ☐ Yes
- ☐ No
- ☐ Don't know

26. The Navy has been approved for a Career Intermission Pilot Program, where a small number of enlisted and officer personnel may be approved for a short term sabbatical from service while retaining their health care benefits. Have you heard of this program?

- ☐ Yes
- ☐ No
- ☐ Not sure

27. How does this program impact your desire to stay in the Navy?

- ☐ It motivates me to remain in the Navy.
- ☐ It has no impact on my motivation to remain in the Navy.
- ☐ It motivates me to leave the Navy.

BIRTH CONTROL PRACTICES

30. The following statements describe beliefs concerning birth control. Please indicate how well each statement reflects your beliefs.

	Not at all true of me	Slightly true of me	Somewhat true of me	Mostly true of me	Completely true of me	Not applicable
a. I think it is important to use birth control until getting married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I think it is important to use birth control after getting married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I have had sexual intercourse without using birth control (or my partner using it) even though I did not want to get pregnant/father a child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. When a birth control method is not available, I believe you just have to take a chance and hope that a pregnancy does not result.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I make it my responsibility to discuss birth control with my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I think it is important for men to get involved with birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My most recent partner encouraged use of birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Birth control is the responsibility of the woman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. The following statements describe beliefs concerning birth control. Please indicate how well each statement reflects your beliefs.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know / Not Applicable
a. I would feel comfortable discussing birth control with a military physician/nurse practitioner/physician's assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would feel comfortable getting birth control from a military physician/nurse practitioner/physician's assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would feel comfortable discussing birth control with an Independent Duty Corpsman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I would feel comfortable getting birth control from an Independent Duty Corpsman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I would feel comfortable discussing birth control with the medical personnel aboard ship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I would feel comfortable getting birth control from the medical personnel aboard ship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I would feel more comfortable discussing birth control with a civilian health care provider than with a military health care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I would feel more comfortable getting birth control from a civilian health care provider than with a military health care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. During my last physical exam, birth control options were discussed.

- ☐ Yes
- ☐ No

33. Do you or your partner usually use a form of birth control (including tubal ligation or vasectomy)? (If you have more than one partner, answer with your usual or most recent partner in mind.)

- ☐ Yes (skip to question 35)
- ☐ No

34. Why don't you use birth control?

- ☐ I do not have sex (abstinent) or have not had sex in the last 6 months
- ☐ I (or my partner) am infertile
- ☐ I/My partner have had a hysterectomy
- ☐ My (or my partner's) religion or personal beliefs do not permit the use of birth control
- ☐ I (or my partner) do not want to use birth control
- ☐ I am not comfortable discussing or getting birth control
- ☐ I am pregnant or I am trying to get pregnant/My partner is pregnant or trying to get pregnant
- ☐ Other _____

SKIP TO QUESTION 36.

35. What method(s) of birth control do you or your partner usually use? (Mark ALL that apply)

Sterilization

- ☐ Tubal ligation/Essure
- ☐ Vasectomy

Behavioral

- ☐ Rhythm method
- ☐ Withdrawal
- ☐ Continuous breast-feeding

Prescription

- ☐ Birth control pill
- ☐ Birth control patch (Ortho Evra®)
- ☐ Birth control implant (Implanon®)
- ☐ Birth control ring (NuvaRing®)
- ☐ Birth control shot (Depo-Provera®, Lunelle®)
- ☐ Diaphragm/shield/cap
- ☐ IUD (intrauterine device)

Over-the-Counter

- ☐ Condom (rubber)
- ☐ Female condom
- ☐ Sponge
- ☐ Spermicidal foam or jelly

☐ Other _____

36. Have you ever used or considered using in vitro fertilization (IVF)?

- ☐ Yes
- ☐ No

37. The post partum operational deferment policy allows new mothers to be in a non-deployable status for up to 12 months. If the policy were changed, how do you think it should be changed?

- ☐ Shorten the policy to 6 months or less
- ☐ Leave the policy as is
- ☐ Increase the operational deferment time
- ☐ Allow 6 months operational deferment for those with less than 5 years of service, 12 months for members with over 5 years

37a. Currently, the post partum operational deferment is available to new mothers. How would having the ability to transfer all or some portion of the deferment from the mother to the military father impact your desire to stay in the Navy?

- ☐ It motivates me to remain in the Navy.
- ☐ It has no impact on my motivation to remain in the Navy.
- ☐ It motivates me to leave the Navy.

38. Indicate whether you believe each of the following statements is true, false, or you don't know.

	True	False	Don't Know
a. When used properly, condoms are just as effective as the pill in preventing pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Women cannot get pregnant during their menstrual period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Birth control medicines (e.g., the pill, Depo-Provera®) lead to cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If a woman misses 2 or more pills in a row, she must use an additional method of birth control along with the pill for the remainder of the month to be safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Almost all women who take the birth control pill gain weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. All methods of birth control are equally effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emergency contraception involves taking a specified dosage of birth control pills within 72 hours of unprotected sex, sometimes followed by a second dosage 12 hours later. Emergency contraception is currently marketed under the name Plan B One Step or Next Choice.

39. Regarding emergency contraception, which of the following statements are true for you?

	Yes	No	Don't Know
a. Prior to this survey, I knew what emergency contraception was.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. During my last physical exam, emergency contraception was discussed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Emergency contraception is available where I am currently stationed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I use emergency contraception as a primary birth control method.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. The following statements describe beliefs concerning birth control. Please indicate how well each statement reflects your beliefs.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know / Not Applicable
a. I would feel comfortable discussing Plan B with a military physician/nurse practitioner/physician's assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would feel comfortable discussing Plan B with an Independent Duty Corpsman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. From which of the following sources have you received training in STIs (sexually transmitted infections) or STDs (sexually transmitted diseases), including HIV? (Mark all that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant/Medical Officer
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Other
- ☐ Never

42. From which of the following sources have you received training in methods of birth control? (Mark all that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant/Medical Officer
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Other
- ☐ Never

43. From which of the following sources have you received training in Navy pregnancy policy (OPNAVINST 6000.1C)? (Mark all that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant/Medical Officer
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Other
- ☐ Never

44. From which of the following sources have you received training about the Navy Family Care Plan (OPNAVINST 1740.4C)? (Mark all that apply.)

- ☐ At GMT, within the last year
- ☐ At GMT, more than 1 year ago
- ☐ Physician
- ☐ Nurse practitioner/Physician's assistant/Medical Officer
- ☐ Independent Duty Corpsman
- ☐ Corpsman
- ☐ Other _____
- ☐ Never

45. Where do you think you should learn about sexual health issues, including sexual responsibility, pregnancy, STDs, and contraceptives? (Mark ALL that apply.)

- ☐ Boot Camp
- ☐ Leadership courses
- ☐ PREVENT-type atmosphere
- ☐ OCS/USNA/ROTC
- ☐ GMT
- ☐ From command leadership
- ☐ Other (specify _____)

46. How often do you think you should receive training about sexual health issues? (Mark ALL that apply)

- ☐ Once in a career
- ☐ Every reenlistment/obligation
- ☐ Once a year
- ☐ Only when I ask for information
- ☐ Other (specify _____)

(Males skip to Question 106.)

PREGNANCY

47. At any time since entering the Navy have you been pregnant?

- ☐ Yes
- ☐ No (skip to question 99)

48. Did you become pregnant between 1 October 2008 and 30 September 2009? (Do NOT count pregnancies that began before 1 October 2008 even though you were pregnant on that date.)

- ☐ Yes
- ☐ No

49. Are you pregnant now?

- ☐ No
- ☐ Yes
- ☐ I think I may be but have not been tested

The next set of questions asks about your MOST RECENT pregnancy (it could be your current or only pregnancy) since entering the Navy.

50. How old were you when you became pregnant?

_____ Years

51. What was your paygrade/rank when you became pregnant?

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> E1 | <input type="radio"/> W2 | <input type="radio"/> O1/O1E |
| <input type="radio"/> E2 | <input type="radio"/> W3 | <input type="radio"/> O2/O2E |
| <input type="radio"/> E3 | <input type="radio"/> W4 | <input type="radio"/> O3/O3E |
| <input type="radio"/> E4 | <input type="radio"/> W5 | <input type="radio"/> O4 |
| <input type="radio"/> E5 | | <input type="radio"/> O5 |
| <input type="radio"/> E6 | | <input type="radio"/> O6 |
| <input type="radio"/> E7 | | <input type="radio"/> O7 or above |
| <input type="radio"/> E8 | | |
| <input type="radio"/> E9 | | |

52. What was your marital status at the time you became pregnant?

- ☐ Married
- ☐ Single, never married
- ☐ Divorced, separated, or widowed

53. Was that pregnancy planned? Note: For this survey, a planned pregnancy is one that you wanted at that time (i.e., you intentionally became pregnant).

- ☐ Yes
- ☐ No

54. Was that pregnancy the result of in vitro fertilization (IVF)?

- ☐ Yes
- ☐ No

55. What was the outcome of that pregnancy?

- ☐ I am still pregnant
- ☐ Live birth (delivery of a live child after 36th week of pregnancy)
- ☐ Premature birth (delivery of a live child in the 20th through 36th week of pregnancy)
- ☐ Stillbirth
- ☐ Miscarriage (delivery of a fetus before 20th week of pregnancy)
- ☐ Ectopic pregnancy (tubal pregnancy)
- ☐ Abortion

56. Were you using birth control when you became pregnant?

- ☐ Yes
- ☐ No (skip to question 58)

57. What method(s) of birth control were you using? (Mark ALL that apply)

Sterilization

- ☐ Tubal ligation/Essure
- ☐ Vasectomy

Behavioral

- ☐ Rhythm method
- ☐ Withdrawal
- ☐ Continuous breast-feeding

Prescription

- ☐ Birth control pill
- ☐ Birth control patch (Ortho Evra®)
- ☐ Birth control implant (Norplant®, Implanon®)
- ☐ Birth control ring (NuvaRing®)
- ☐ Birth control shot (Depo-Provera®, Lunelle®)

- ☐ Diaphragm/shield/cap
- ☐ IUD (intrauterine device)

Over-the-Counter

- ☐ Condom (rubber)
- ☐ Female condom
- ☐ Sponge
- ☐ Spermicidal foam or jelly
- ☐ Other _____

58. What was the father's military status?

- ☐ He was not in the military
- ☐ In the Navy
- ☐ In one of the other services

59. If military, what was his paygrade/rank?

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="radio"/> E1 | <input type="radio"/> W2 | <input type="radio"/> O1/O1E |
| <input type="radio"/> E2 | <input type="radio"/> W3 | <input type="radio"/> O2/O2E |
| <input type="radio"/> E3 | <input type="radio"/> W4 | <input type="radio"/> O3/O3E |
| <input type="radio"/> E4 | <input type="radio"/> W5 | <input type="radio"/> O4 |
| <input type="radio"/> E5 | | <input type="radio"/> O5 |
| <input type="radio"/> E6 | | <input type="radio"/> O6 |
| <input type="radio"/> E7 | | <input type="radio"/> O7 or above |
| <input type="radio"/> E8 | | |
| <input type="radio"/> E9 | | |

60. How many weeks pregnant were you when:

- a. The medical treatment facility confirmed your pregnancy?

_____ Weeks

- b. Your command was notified?

_____ Weeks

- c. You had your first visit for prenatal care?

_____ Weeks

61. If there was more than a two week delay between your finding out and your command being notified, what was the reason for the delay?

- ☐ There was no delay
- ☐ I was on leave or TAD when I found out
- ☐ I wanted to think about or get an abortion
- ☐ I wanted to be sure I was really pregnant
- ☐ I wanted to discuss what to do about my pregnancy with someone else
- ☐ I wanted to delay my command finding out (Please indicate why: _____)
- ☐ Other (specify: _____)

62. Did your coworkers treat you differently after finding out that you were pregnant? (Mark ALL that apply.)

- ☐ No
- ☐ Yes, they showed more concern for my welfare
- ☐ Yes, they avoided or ignored me
- ☐ Yes, they treated me with less respect
- ☐ Other positive treatment _____
- ☐ Other negative treatment _____

63. What was the gender of your supervisor?

- ☐ Female
- ☐ Male

64. Did your supervisor treat you differently after finding out that you were pregnant? (Mark ALL that apply.)

- ☐ No
- ☐ Yes, he/she showed more concern for my welfare
- ☐ Yes, he/she avoided or ignored me
- ☐ Yes, he/she treated me with less respect
- ☐ Other positive treatment _____
- ☐ Other negative treatment _____

65. Did you complete the occupational health questionnaires (NAVMED 6260/8, 6260/9)?

- ☐ Yes
- ☐ No
- ☐ Don't know

66. During your prenatal care visits, did a doctor, nurse, or other healthcare worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.

	Yes	No
a. Breastfeeding your baby	0	0
b. Birth control methods to use after your pregnancy	0	0

67. To what type of command were you assigned when you became pregnant?

- ☐ Ship
- ☐ Deployable squadron
- ☐ Other deployable unit
- ☐ Non-deployable squadron
- ☐ Shore activity or command, but not as a student
- ☐ Navy funded school as a student

68. Did you have orders to your next duty station when you became pregnant?

- ☐ Yes
- ☐ No (skip to question 70)

69. (FOR THOSE WHO ANSWERED 4, 5, or 6 in Q66) Did you have orders to a ship or deployable squadron when you became pregnant?

- ☐ Yes
- ☐ No

SKIP TO 71.

70. (FOR THOSE WHO ANSWERED 1, 2, or 3 in Q66) Where was your ship in the operational cycle when you became pregnant? (Mark ALL that apply.)

- ☐ Deployed
- ☐ Returned from deployment within the past 60 days
- ☐ Not deployed; conducting local operations
- ☐ In pre-deployment training and inspection cycle
- ☐ In industrial availability scheduled for **less than six months**
- ☐ In industrial availability scheduled for **six months or longer**
- ☐ In precommissioning crew

71. Were you (or are you scheduled to be) transferred or moved as a result of being pregnant?

- ☐ No, scheduled to deploy with orders to shore duty (skip to question 78)
- ☐ No, I continued to work where I was before becoming pregnant (skip to question 78)
- ☐ Yes, from sea to shore duty
- ☐ Yes, from overseas shore duty to CONUS
- ☐ Yes, from a deployable aviation station to the air station or non-deploying squadron
- ☐ Yes, from the work center I was in to another work center at the same command
- ☐ Yes, other (specify from and to _____)

72. How many weeks pregnant were you (or will you be) when you were transferred or moved?

_____ Weeks

73. If you were on sea duty at the time, how long before your original prospective rotation date (PRD) were you moved ashore?

- ☐ I was not on sea duty at the time

_____ Years and _____ Months

74. If you were moved off the ship before the 20th week of your pregnancy, why did it happen?

- ☐ I was not moved before the 20th week
- ☐ Because of medical reasons related to pregnancy
- ☐ Because of medical reasons unrelated to pregnancy
- ☐ Because the ship had a heavy underway schedule or was deploying
- ☐ Because of the ship's policy to transfer pregnant women before the 20th week
- ☐ I don't know why
- ☐ Other (specify _____)

75. Did you ask to be moved?

- ☐ Yes
- ☐ No (skip to question 78)

76. What type of work did you do while still pregnant after the move?

- ☐ Same as before but in a different location
- ☐ Admin/clerical work that is not in my rating/designator
- ☐ Duty office/phone watch
- ☐ Other

77. Do you feel you were properly employed after you moved?

- ☐ Yes
- ☐ No

78. Before delivery, were your work hours reduced to less than 40 hours per week? (Mark ALL that apply.)

- ☐ Don't know; I'm still pregnant
- ☐ No
- ☐ Yes, during the 1st three months
- ☐ Yes, during the 2nd three months
- ☐ Yes, during the 7th and 8th months
- ☐ Yes, during the last month

79. Did you receive a "purple book", the DoD/VA Pregnancy Guideline booklet?

- ☐ Never heard of it
- ☐ Yes, during first trimester clinic appointment
- ☐ Yes, during second trimester clinic appointment
- ☐ Yes, during third trimester clinic appointment
- ☐ No

80. Where did you deliver the baby?

- ☐ I did not deliver
- ☐ At a military hospital
- ☐ At a civilian hospital
- ☐ Other

(NOTE: If answer to question 80 is anything other than b or c, skip to question 99.)

The following questions refer to events occurring after your most recent pregnancy if you delivered an infant who survived.

81. How many days were you off after the delivery (convalescent and annual leave) before returning to duty?

_____ Days convalescent leave

_____ Days annual leave

82. During your postpartum care visit, did a doctor, nurse, or other healthcare worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.

	Yes	No
a. Breastfeeding your baby	0	0
b. Birth control methods to use after your pregnancy	0	0
c. Antenatal and/or Postpartum Depression	0	0
d. Shaken Baby Syndrome Prevention	0	0

83. Did you return to the unit you were assigned to prior to your pregnancy?

- ☐ Does not apply. I was not transferred or sent TAD during pregnancy (skip to question 85)
- ☐ Yes, I had been transferred but returned to my unit (skip to question 85)
- ☐ Yes, I had been TAD but returned to my unit (skip to question 85)
- ☐ No, I stayed with the unit I had been transferred to during my pregnancy
- ☐ No, I went to a different shore-duty command
- ☐ No, I went to a different ship or deployable unit

84. Did you consider this new assignment as career enhancing as your assignment before the pregnancy?

- ☐ It was equally career enhancing
- ☐ It was not as career enhancing
- ☐ It was more career enhancing

85. Did you feel you were treated differently at work by your co-workers because you had a baby? (Mark ALL that apply.)

- ☐ No
- ☐ Yes, they showed more concern for my welfare
- ☐ Yes, they avoided or ignored me
- ☐ Yes, they treated me with less respect
- ☐ Other positive treatment _____
- ☐ Other negative treatment _____

86. What was the gender of your supervisor?

- ☐ Female
- ☐ Male

87. Did you feel you were treated differently at work by your supervisor because you had a baby? (Mark ALL that apply.)

- ☐ No
- ☐ Yes, he/she showed more concern for my welfare
- ☐ Yes, he/she avoided or ignored me
- ☐ Yes, he/she treated me with less respect
- ☐ Other positive treatment _____
- ☐ Other negative treatment _____

88. Were you able to successfully complete your 6-month post-pregnancy PFA?

- ☐ Yes, both body composition assessment and physical fitness assessment
- ☐ No, only met the body composition assessment (BCA) portion
- ☐ No, only met the physical fitness assessment portion
- ☐ No, did not meet neither body composition assessment (BCA) nor physical fitness assessment

89. (IF ANSWER 2 or 4 ABOVE) Did you obtain a BCA waiver from your command?

- ☐ Yes
- ☐ No

90. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- ☐ No (skip to question 99)
- ☐ Yes

91. How many months did you breastfeed or pump milk to feed your baby?

- ☐ Less than 1 month
_____ months

92. How many months did you plan to breastfeed or pump milk to feed your baby?

- ☐ Less than 1 month
_____ months

93. Were you breastfeeding or pumping when you returned to duty?

- ☐ No (skip to question 99)
- ☐ Yes

94. Were you given time at work to pump your breasts or breast feed your baby?

- ☐ Yes, during my breaks or meals
- ☐ Yes, when I needed to
- ☐ No

95. Were you given a comfortable, secluded location for breast feeding or pumping at work?

- ☐ Yes
- ☐ No

96. Were you given a location that included access to clean running water?

- ☐ Yes
- ☐ No

97. Were you able to store your breastmilk in a cool location (e.g., refrigerator or portable cooler)?

- ☐ Yes
- ☐ No

98. If you stopped breastfeeding before you planned because of work, what were your reasons? (Mark all that apply.)

- ☐ Does not apply; I did not stop breastfeeding because of work
- ☐ I didn't think my supervisor would give me time to breastfeed or pump at work
- ☐ My supervisor said he/she would not give me the time to breastfeed or pump at work
- ☐ The time I could use to pump needed to be devoted to something else (lunch, working out, etc.)
- ☐ My coworkers wouldn't support my pumping
- ☐ There wasn't any place for me to pump in my work area
- ☐ I didn't have a breast pump
- ☐ I couldn't store my breast milk
- ☐ Other work reason _____

99. Would you intentionally become pregnant to avoid a deployment or scheduled Individual Augmentee (IA) period?

- ☐ Yes
- ☐ No

MATERNITY OUTER GARMENT

Please answer the following questions related to a Maternity Outer Garment:

100. Do you feel the Navy currently offers a sufficient number of uniform options for maternity outer garments?

- ☐ Yes
- ☐ No
- ☐ Don't know

101. Do you feel the Navy should adopt a new maternity outer garment?

- ☐ Yes
- ☐ No
- ☐ Don't know

102. [IF YES] Which type of maternity outer garment do you think the Navy should adopt? (Mark ALL that apply.)

- ☐ An all-season type garment that provides water repellency, similar to the all weather coat
- ☐ A wool blend coat similar to the peacoat
- ☐ A performance material similar to the NWU
- ☐ A fleece similar to the NWU Liner
- ☐ Don't know

103. Assuming you were pregnant while stationed at a location where a coat might be needed, would you be willing to pay out of pocket for a maternity outer garment?

- ☐ Yes
- ☐ No

104. [IF YES] How much would you be willing to spend?

- ☐ \$80-\$100
- ☐ \$100-\$120
- ☐ \$120-\$140

105. If the Uniform Regulations were changed to incorporate the authorized wear of a civilian maternity coat with specific design stipulations and restrictions, would you purchase one if pregnant?

- ☐ Yes
- ☐ No
- ☐ Don't know

COMMENTS

106. Do you have any additional comments about the topics covered in this survey?

Thank you for your time and input.

Appendix C:

Analysis of Open-Ended Comments

Analysis of Open-ended Comments

There were 1,261 comments provided by respondents across both versions of the 2010 Pregnancy and Parenthood Survey; 76% of the comments were from women and 24% were from men. The comments were exported from the survey website into a Microsoft® Excel spreadsheet. They were then imported into SPSS® Text Analysis 2.1, a software program designed to analyze open-ended survey comments in a number of ways. The primary feature employed was frequency-based categorization. Within SPSS® Text Analysis 2.1, a list of commonly used words and their frequencies was generated. The output was then searched for similarities in terminology, e.g., the words “training” and “information.” Comments containing these similar terms were interpreted, and many were merged into one category.

SPSS® Text Analysis 2.1 found many terms with a measure of consistency throughout the comments. Six categories were explored that contained the following terms and their variants: “pregnancy,” “Navy,” “family planning,” “training,” “uniforms,” and “breastfeeding.” It is important to note that the SPSS® Text Analysis 2.1 software allowed individual comments to be grouped into multiple categories when appropriate. In addition, several misspellings occurred across comments, making it impossible to catch every occurrence of key terms. As a result, it is likely that a very small number of relevant comments in each category were missed. Finally, the comments were exported from SPSS® Text Analysis 2.1 to Microsoft® Excel.

Microsoft® Excel was used in the following ways: as a means to track the descriptive statistics of the comments (including frequencies and means) and as an environment to delineate in greater measure the tone of the individual comments.

Pregnancy

Approximately 650 comments contained the word “pregnant” or a variant such as “pregnancy.” 627 (49.6% of all comments) of these comments contained useful content and were split into the following four groups: suggestions, positive remarks, negative remarks, and personal accounts. More details are below, including some representative comments (corrected only for spelling) for each group.

Suggestions.

More than half of the “pregnancy” comments included suggestions. Most of them pertained to *current* policy and included suggestions to change the pregnancy policies. Some suggestions pertained to maternity garments/uniforms, potential improvements for the survey, and other specific matters.

- “1) Maternity leave should be extended to 8-12 weeks. A 6-week old baby is not on a solid sleep schedule and it makes returning to duty very exhausting. If an extension of maternity leave is not possible, post partum women should work half-days for 2-6 weeks after their maternity leave. 2) Half-days (no more than 4 hours) should be mandatory for weeks 38+ during pregnancy.”
- “I am a pro life believer: Once we (yes, it includes the man too) get pregnant, we must do everything in our power to give that child a good chance in life. Likewise:

the Department of the Navy should have programs to assist Sailors and Marines during this period, and in cases of unwanted pregnancy, put things in place where the Sailor/Marine can give that child for adoption without impacting their career. It is better than the alternative, and we owe it to the children.”

- “Changing the policy concerning pregnancy and leave should not be determined by how long you have been in the service. If the policy were to change, it would displease many active duty women in the military. I believe the policy should remain the same. Extending leave for the male side of house is not necessary due to not experiencing postpartum.”
- “I believe if a sailor has more shore time then sea as a result of multiple pregnancies, the shore time should be shortened and/or sailor should be discharged as a disservice. I also believe the Navy should not allow pregnant women to continue to smoke other than what is required to avoid withdrawals.”

Positive Remarks.

Approximately 2 percent of the “pregnancy” comments expressed positive feelings and remarks regarding current pregnancy policies.

- “I believe that the acceptance of pregnant women in the Navy is becoming more tolerable. I love what I do and have tried to do the right thing but it does not always work out in your favor. I'm currently on my sea rotation, although I like being here and know this is where I NEED to be I want a family. Thus I'm not preventing pregnancy. I've giving the Navy 10 yrs now I think that I should work for something that I really want.”
- “I feel that the Navy provides adequate care and support for service women who are pregnant/parents...”

Negative Remarks.

Over 20% of the “pregnancy” comments were negative remarks. Most of these expressed dissatisfaction with the pregnancy policies. Many expressed frustration regarding the mistreatment of pregnant women by chains of command and fellow service members.

- “I feel the culture of the Navy discourages women from becoming pregnant and starting families by putting the career of the service member first. However, there is lack of education for our junior enlisted who are often the ones that become pregnant. I feel that fellow service members as well as the chain of command usually don't treat women who become pregnant as well as those who have no families...”
- “I FEEL THAT WOMEN ARE VERY FROWNEED UPON WHEN AND IF THEY GET PREGNANT. THAT WHEN THEY FIND OUT THEY ARE PREGNANT THE FIRST THING THAT POPS IN THEIR HEAD ISN'T EXCITEMENT IT IS WORRY. WORRY THAT THE NEXT WORK DAY THEY TELL THEIR SUPERVISOR, THEY'RE SCARED OF THEIR REACTION OR WHAT THEY MIGHT SAY OR THEIR DISAPOINTMENT.”

A large number of the remarks expressed negative opinions about women who become pregnant, suggesting that women use pregnancy to avoid deployment and that some pregnant women do not take their service commitment seriously.

- “I feel that women who intentionally become pregnant at a time in their careers that will prevent them from fulfilling their sea duty obligations should face adverse administrative actions. Far too many females use procreation as a way to skirt their sea tours. This behavior gives all women in the Navy a bad name and creates the impression that any time you see a woman pregnant on active duty, you assume she is missing her sea tour intentionally. It’s a stigma brought about by the repeated occurrences of this behavior.”
- “I feel there isn't enough education on the responsibilities of parenthood. I see women getting pregnant at least once a week, and getting off the ship. And it's not an unknown issue. Pre-deployment times are infamous for a ton of new pregnancies, so it's impossible to call them all accidents. It seems like people use the pregnancy as a free ticket off the boat, not really caring that they'll have to make it up later. I feel like it's extremely short-sighted and not upholding of core values. I would even recommend something punitive for first-term svc members that get pregnant while in operational status. It seems extreme, but if the rules are there, and they break them, they have no one to blame but themselves. I think some incentive is required to avoid pregnancies other than ‘the burden of a child is punishment enough.’”

Personal Accounts.

Approximately 20% of the “pregnancy” comments did not fall clearly into one of the groups above. Most of these comments described personal challenges, e.g., finding time and the appropriate location to breastfeed. Others described the challenge of leaving the child with others in order to return to work. A few included stories of friends, fellow service members, etc.

- “I filled out the occupational health assessment when I became pregnant and then transferred. Where I am stationed now there is no suitable place for me to pump IE clean running water not a head facility private however it is very important for me to pump and breastfeed my child so I will make it work as uncomfortable as it is.”
- “I had to give up primary custody of my 3 children because I am active duty and my ex-husbands are not. Upon transfer due to pregnancy one month prior to PRD, I was given a P transfer eval (normally EP Sailor-statement submitted but refuted because of new reporting senior) and Department Head refused to write a Letter of Recommendation for my STA-21 package because I left the ship due to pregnancy (he stated exactly in an email, but no recourse available due to no requirement for him to complete). Was not given interview by CO at TAD command and was ranked 3 of 3 for STA-21 CO Recommendation (formal grievance filed, but moot point due to STA-21 policy changes-age waivers allowed).”

Several of these comments described policies or events that will likely result in the respondents' voluntary departure from the Navy.

- “I have been fortunate to have been pregnant and deliver a healthy baby while on a shore tour. I have a private office where I have been able to pump, and have had 100% command support as a new mother. However, I realize that many of our sailors do not have the same resources available to them and it must make having a family incredibly difficult. I think that new mothers should not have to deploy within 12 months (or more) of delivery. The Navy should also consider a longer convalescent leave period, as 42 days is not a very long time as compared to some businesses, and we do not really have the option of using "unpaid" LV. These factors and the optempo of the military and deployments away from family are the primary factors driving my desire to reach the end of my obligation and separate from the Navy. The pilot program offering a sabbatical from active duty service is not appealing enough to retain me.”

Navy

Approximately 400 comments contained the word “Navy.” Several other comments contained the word “military.” 351 of these “Navy” and “military” (27.8% of all comments) were split into the following groups: suggestions, positive/negative remarks, and operational concerns.

Suggestions.

Approximately 47% of the “Navy” comments expressed suggestions. Most of the suggestions proposed that changes should be made in current Navy policy to benefit those interested in starting a family, and many of these suggestions offered specific changes to be made.

- “...Another thing is that the way terminal leave is done and the period for not going overseas! The terminal leave should be for when the mother is ready to take it and also it should also be a mother's personal choice whether they stay in or choose to get out! Also, the period they get before going overseas should be when they are ready and feel comfortable, because I know so many people that are dual military that would not trust just anyone with their child's care all day while they work or are deployed...”

Many other suggestions proposed measures to penalize women for becoming pregnant, and these comments usually expressed concern over the affects of pregnancy on operational readiness.

- “As a Navy we need to be worried more about fleet readiness and allow individuals to worry about personal readiness and family issues. Let leaders lead and take care of their people and let individuals take care of their own responsibilities or pay the price for not considering those responsibilities.”

Positive/Negative Remarks.

These comments were different than the suggestions described above. They did not overtly offer suggestions, but rather they expressed certain feelings or attitudes. It

should be noted that most of the suggestions also expressed negative feelings, but specific recommendations were offered in those comments.

Around 5% of the “Navy” comments expressed positive attitudes toward current Navy policy. Many of these comments cited positive personal experiences.

- “I am satisfied with the measures the Navy has put in place to support women service members who choose to have children and nurse them. My only regret is that I had to cut nursing short because I had to attend a 2 week school that did not allow me to pump during class without missing large amounts of the material. If I had her 3 months earlier I could have used our time apart to wean intentionally!!”

Nearly 42% of the “Navy” comments expressed negative attitudes toward current Navy policy regarding pregnancy and parenthood, and/or they expressed negative attitudes toward commands, commanding officers, executive officers, etc. Many of these comments cited personal experiences.

- “These issues have to be handled from both the male and female sailors’ perspective. I am tired of hearing how woman are the issue but the men impede the mission by helping a woman get pregnant.”
- “I am 29 yrs old and wanting to have a child. I feel as if it may be a crime to have children in the Navy. I understand that having a child while on sea duty is not right but sometimes people have accidents. I believe that the Navy takes too much time away from parents (just in one work day even) which makes it hard for me to make that decision.”

Operational Concerns.

A number of the “Navy” comments (approximately 6%) expressed concerns, feelings, and attitudes about the effects pregnancy could have on operational readiness. These were different from the comments regarding operational readiness in the suggestions group, in that they did not overtly offer specific recommendations.

- “We coddle and treat these women like they are disabled instead of pregnant. If they can't complete their obligations due to children, they children and the Navy are better off with the Navy releasing these members. The pregnant Sailors and single parents have an obligation to fulfill!”

Family Planning

Approximately 250 comments (21.5% of all comments) pertained to family planning and/or birth control. These comments were split into the following groups: suggestions, birth control, and personal experiences.

Suggestions.

Approximately 28% of the “family planning” comments made general or specific suggestions regarding family planning and/or policies involving family planning, but they did not focus specifically on birth control or birth control methods.

- “Any female should decide to get pregnant when they think that their career in the Navy is most stable. Being far away from your newborn is very hard for the

mother as is having to come home to a child that doesn't recognize them and most of all missing out on their childhood.”

Birth Control.

138 (55%) of the “family planning” comments included the words “birth control” or mentioned specific forms of birth control. These comments contained suggestions regarding birth control training and the promotion of birth control. Comments focusing on attitudes and beliefs underlying the use of certain birth control methods were also included in this group.

- “All birth control methods should be given freely to females including full scale abortions. It is ridiculous that the military does not condone the practice of aborting fetuses. It's 2010... If the military doesn't want babies aborted on Govt. property, they should at the very least provide the funds for females to get abortions at civilian clinics...”
- “I believe this study is misleading in that the questions do not offer the opportunity to respond in terms of morality, especially concerning "emergency contraception" and/or Plan B. These questions answer in clinical, sterile terms and do not take into account the question of morality and whether or not unethical procedures should be offered to military members.”

Personal Experiences.

Approximately 20% of the “family planning” comments included personal experiences, or they included a general sentiment regarding family planning in the Navy.

- “Medical personnel are deficient in family planning knowledge and willingness to educate patients, even when asked. While some of the responsibility for research is individual, I have been asking flight docs & OBGYNs for 11 years about the risks of waiting to have children, and only one has been useful.”
- “Family planning when the female is in an active duty status is still much more difficult than for males. Some command climates encourage starting or expanding the family for the male members but will still discourage female members from becoming pregnant because of the potential delay to training/deployment.”

Training

Approximately 120 comments contained the words “training” and “information.” Of these, 100 (7.9% of all comments) were split into the following groups: more training, better training, lack of accessibility, never trained, and adequate training.

More Training.

Nearly 40% of all the training comments fell into the “more training” group. The general sentiments of these comments suggested that current training topics should be presented more frequently.

- “More birth control/pregnancy training in GMT. The only [training] I have received is upon reaching ‘A’ school.”

Better Training.

Approximately 37% of the “training” comments recommended changes or additions to current training procedures.

- “Might try incorporating a detailed list of costs and benefits to having a child BOTH PLANNED AND UNPLANNED.”

Lack of Accessibility.

Approximately 14% of the “training” comments expressed concerns about a lack of accessibility to training or pertinent information.

- “It would be good to have some kind publication about this or page on NKO so everybody interested in this could read.”
- “DVD that discusses the topic MUST be available to be picked up at the base hospital or distributed to all sailors and DoD civilians from each command. This is not the case today for the most part.”

Never Trained.

Approximately 5% of the “training” comments stated that the respondent never received relevant training.

- “I’ve never once received training on the current pregnancy policy or family care plan, which I think is UNSAT.”

Adequate Training.

Approximately 5% of the training comments suggested that current training is adequate.

- “I think the Navy does a good job supporting pregnant females and training about birth control and STDs, family planning.”

Uniforms

Approximately 100 comments (7.9% of all comments) pertained to maternity garments. Many of these comments (46%) were general suggestions. Most (54%) of the comments, however, contained negative remarks about the maternity garments or their availability. Comments in this category were split into the following groups: suggestions and negative comments.

Suggestions.

Many of the “uniforms” comments suggested that maternity wear should be paid for entirely by the Navy, that the Navy should adopt policies similar to those of other branches, or that the allowance for maternity wear should be increased.

- “If there is a uniform allowance for pregnant service members, then I believe this cost should be added to the allowance.”
- “Increase pregnancy allowances for a coat.”

Negative Comments.

Many of the “uniforms” comments described personal experiences with maternity wear or the lack thereof. These comments also described lack of accessibility, the poor fit of the garments, the expense of the garments, and the poor appearance of the garments.

Breastfeeding

There were 69 comments (4.8% of all comments) on breastfeeding. Nearly all of these comments contained personal accounts of breastfeeding; a few contained remarks pertaining to other service members. Comments in this category were split into the following groups: neutral personal accounts, negative experiences, positive experiences, and suggestions.

Neutral Personal Accounts.

Approximately half of the “breastfeeding” comments were neutral personal accounts. These comments did not offer specific suggestions, nor were they overtly positive or negative.

Negative Experiences.

Approximately 38% of the “breastfeeding” comments described negative experiences. Most of these were personal accounts, but some respondents described negative events that others had experienced. A few comments were general remarks regarding the challenges breastfeeding women face.

Positive Experiences.

Approximately 13% of the “breastfeeding” comments described positive experiences, positive events that others experienced, and positive remarks regarding the overall ease of breastfeeding onsite.

Suggestions.

Approximately 30% of the comments were suggestions. Most pertained to the survey, but a number of the comments pertained to policies or attitudes pertaining to breastfeeding.

Appendix D: Survey Notification and Reminder Letters

LETTERHEAD

<<name>>
<<address1>>
<<address2>>
<<address3>>
<<address4>>

Dear <<name>>,

You are one of a select group of men and women being asked to complete the 2010 Pregnancy and Parenthood Survey. Your input is **vital** to the accuracy of this effort, regardless of whether you have children, or have ever considered having children, because these issues can impact all Sailors. Input from past surveys has contributed significantly to policy revision as well as answering Congressional data calls.

Your participation is voluntary, but your feedback is **important** in providing an accurate picture of the Navy. The survey should take about 30 minutes to complete.

There are some personal questions included in this survey. Be assured that your responses will be kept confidential; nothing will be attributed to you personally and it will not have an impact on your or your Navy career. The Navy Personnel Research, Studies, and Technology (NPRST) Department will only provide me with results that summarize the survey findings

The survey is being conducted online at <http://opinion.nprst.navy.mil/surveys/parent> .
Your user ID to access this survey is:

User ID: <<userid>>

Please take the time to complete the survey **now** while you are thinking of it. Thank you in advance. If you have any problems accessing the survey or if you have any questions, please contact the Project Director, Zannette Uriell, at DSN 882-4641, (901) 874-4641, zannette.uriell@navy.mil.

Thank you for taking some of your valuable time to participate.

Sincerely,

Mark E. Ferguson, III
Vice Admiral, U.S. Navy
Chief of Naval Personnel

NPRST LETTERHEAD

«address1»
«address2»
«address3»
«address4»
«address5»

Dear <<name>>,

A few weeks ago, you should have received a letter from VADM Ferguson asking you to complete the 2010 Pregnancy and Parenthood Survey online. I hope that you have had a chance to complete the survey; if so, no further action is needed.

If you have not already completed the survey, please do so right away at <https://opinion.nprst.navy.mil/surveys/parent>. The survey should take about 30 minutes, and your input is vital to ensuring that our results are valid. Your user ID for this survey is:

User ID: <<userid>>

Participation in the survey is voluntary, however, I strongly encourage that you take part in the survey to ensure that the results we provide to CNP are representative of you and your fellow Sailors. If you have any questions, please feel free to contact the Project Director, Zannette Uriell, at zannette.uriell@navy.mil, (901) 874-4641, or DSN 882-4641. Thank you for your time and input!

Sincerely,

David Cashbaugh, Director
Navy Personnel Research, Studies, and Technology
Bureau of Naval Personnel

LETTERHEAD

«address1»
«address2»
«address3»
«address4»
«address5»

Dear <<name>> ,

About a month ago, you should have received a letter from VADM Ferguson asking you to complete the 2010 Pregnancy and Parenthood Survey online. This is a reminder about that survey.

IF YOU HAVE COMPLETED THE SURVEY ALREADY, thank you for your time and input; no further action is needed.

IF YOU HAVE NOT already completed the survey, please do so right away at <https://opinion.nprst.navy.mil/surveys/parent> . If you prefer, you may instead use our alternate commercial site at <https://www.nprstsveys.com/pps/cover.htm> . Your input is vital to ensuring that our results are valid. Your user ID for this survey is:

User ID: <<userid>>

Participation in the survey is voluntary, however, I ask you to please take part in the survey to ensure an accurate portrayal of Navy opinions. If you have any questions, please feel free to contact the Project Director, Zannette Uriell, at zannette.uriell@navy.mil, (901) 874-4641, or DSN 882-4641. Thank you again for your time and input!

Sincerely,

David Cashbaugh, Director
Navy Personnel Research, Studies, and Technology
Bureau of Naval Personnel

LETTERHEAD

«address1»
«address2»
«address3»
«address4»
«address5»

Dear <<name>> ,

You should have already received several letters asking you to complete the 2010 Pregnancy and Parenthood Survey online. **YOU DO NOT NEED TO BE A PARENT OR PREGNANT TO COMPLETE THIS SURVEY**, since the core set of questions relates to all Sailors, both male and female. This letter is the **FINAL REMINDER** about that survey; the survey period closes on **XXXXXXXX 2010**.

I hope that you have had a chance to complete the survey; no further action is needed.

If you have not already completed the survey, please do so right away at <https://opinion.nprst.navy.mil/surveys/parent> or at our backup commercial site <http://www.nprstsurvey.com/parent> .

Your input is vital to ensuring that our results are valid and representative of you. Your user ID for this survey is:

User ID: <<userid>>

Participation in the survey is voluntary, however, I ask you to please take part in the survey to ensure an accurate portrayal of Navy opinions. If you have any questions, please feel free to contact the Project Director, Zannette Uriell, at zannette.uriell@navy.mil, (901) 874-4641, or DSN 882-4641. Thank you again for your time and input!

Sincerely,

David Cashbaugh, Director
Navy Personnel Research, Studies, and Technology
Bureau of Naval Personnel

Distribution List

AIR UNIVERSITY LIBRARY
ARMY RESEARCH INSTITUTE LIBRARY
ARMY WAR COLLEGE LIBRARY
CENTER FOR NAVAL ANALYSES LIBRARY
HUMAN RESOURCES DIRECTORATE TECHNICAL LIBRARY
JOINT FORCES STAFF COLLEGE LIBRARY
MARINE CORPS UNIVERSITY LIBRARIES
NATIONAL DEFENSE UNIVERSITY LIBRARY
NAVAL HEALTH RESEARCH CENTER
NAVAL POSTGRADUATE SCHOOL DUDLEY KNOX LIBRARY
NAVAL RESEARCH LABORATORY RUTH HOOKER RESEARCH LIBRARY
NAVAL WAR COLLEGE LIBRARY
NAVY PERSONNEL RESEARCH, STUDIES, AND TECHNOLOGY SPISHOCK
LIBRARY (3)
OFFICE OF NAVAL RESEARCH (CODE 34)
PENTAGON LIBRARY
USAF ACADEMY LIBRARY
US COAST GUARD ACADEMY LIBRARY
US MERCHANT MARINE ACADEMY BLAND LIBRARY
US MILITARY ACADEMY AT WEST POINT LIBRARY
US NAVAL ACADEMY NIMITZ LIBRARY